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ABSTRACT

The Healthy Start Initiative is a national 5-year demonstration program that uses a broad range of community-driven, system development approaches to reduce infant mortality and improve the health and well-being of women, infants, children, and families. This volume, fourth in the series, deals with the topic of community outreach and is based on the National Forum for Community Perinatal Outreach Workers. This book serves as a "how-to" manual, but rather than explain how to do outreach work, it suggests how to improve the outreach process. This report has four chapters. The first chapter, "Reaching Out: How To Improve Service," suggests how to improve services to clients, how to improve awareness of cultural differences and fathers' potential involvement, and how to care for outreach workers' own needs. The second chapter, "Reaching Up: How To Mentor Outreach Workers through Training and Supervision," suggests that outreach programs need to clearly define their roles, use effective recruiting processes, and supervise, mentor, and train outreach workers. The third chapter, "Reaching Across: How To Build Partnerships with Other Organizations," presents the lessons that outreach workers and their programs have learned as they reach across communities and resources. The fourth chapter, "Reaching In: How To Learn from Research and Evaluation," points out that outreach workers need to be familiar with existing research and to have systems to collect data and

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evaluate their own programs. Two appendices containing a speakers list and resources for fundraising and sustainability are included. (LPP)

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THE HEALTHY START INITIATIVE

A COMMUNITY-DRIVEN APPROACH TO INFANT MORTALITY REDUCTION

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Volume IV

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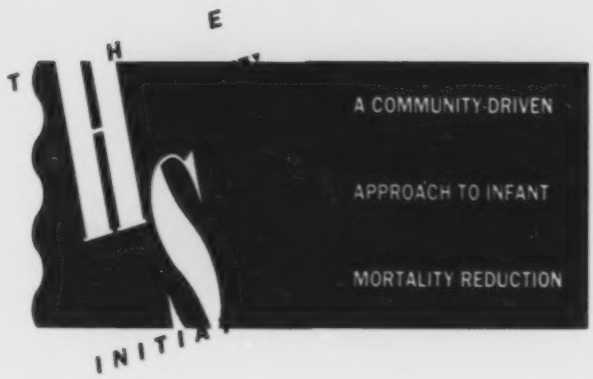

Volume IV

Community Outreach

Volume IV

Community Outreach

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The Healthy Start Initiative is a demonstration program funded under Section 301 of the Public Health Service Act to identify a broad range of community-driven strategies and interventions which could successfully and significantly reduce infant mortality. This Initiative is currently supporting 22 urban and rural communities to implement such strategies and interventions.

The mission of the National Center for Education in Maternal and Child Health (NCEMCH) is to promote and improve the health, education, and well-being of children and families by leading a national effort to collect, develop, and disseminate information and educational materials on maternal and child health; and by collaborating with public agencies, voluntary and professional organizations, research and training programs, policy centers, and others to advance knowledge in programs, service delivery, and policy development. Established in 1982 at Georgetown University, NCEMCH is part of the Graduate Public Policy Program. NCEMCH is funded primarily by the U.S. Department of Health and Human Services through its Maternal and Child Health Bureau.

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Acknowledgments

We wish to thank all those who contributed to this volume. Most importantly, we wish to thank those individuals whose voices are the basis of this book—those who shared their experiences at the National Forum for Community Perinatal Outreach Workers. Their stories, their wisdom, and their advice are presented in the pages that follow. The stories and insights were shared by the speakers whose names are listed below and by other meeting participants. In all sessions, participants enthusiastically offered their knowledge in the true spirit of collaboration.

These voices could not have come together without the hard work and dedication of those who conceived, shaped, and organized the National Forum for Community Perinatal Outreach Workers, especially the national Healthy Mothers, Healthy Babies Coalition. These organizations and individuals had the wisdom and dedication to create a unique opportunity to synthesize the experiences of Community Outreach Workers into the energy of the forum, and the insight of this volume.

Special thanks to Gayle Vandenberg for her assistance in the final stages of developing this book, and also to Jeanne Anastasi, Roxanne Lockhart, Pamela Mangu, and Becky Selengut for their help in capturing all that was said at the meeting. Our special thanks also go to Yvonne Lacey, Emma Torres, Angelina Bourbon, and Kathryn Hall—their stories are the heartbeat of our health care system.

Organizers of the National Forum for Community Perinatal Outreach Workers

Collaborating Organizations

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Speakers at the National Forum for Community Perinatal Outreach Workers

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In Chapter 3

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In Chapter 4

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In the Conclusion

Tom Coyle, Jean Prior, Deborah Robinson, Emma Torres

Contact information for speakers can be found in the Appendix.

Foreword

"I would like to express my appreciation to the Maternal and Child Health Bureau, the Bureau of Primary Health Care, and the Healthy Mothers, Healthy Babies Coalition for this first forum, and for all the support they've given us. I never thought I'd see something like this in my lifetime. This meeting is very special to me, because, as you can imagine, in my 26 years in this field, community health workers haven't always had this kind of support. We're here to network and meet other community health workers, to support each other, to exchange ideas, to validate ourselves as a group and as individuals. I want to clearly define and understand our role in accessing health care services for our clients and empowering our communities. Reaching out, pulling together, holding on—isn't that what we really do anyway?"

—Yvonne Lacey, Berkeley Department of Health and Human Services, Berkeley, California

The basis for this volume was the National Forum for Community Perinatal Outreach Workers, a collaborative effort of more than 14 organizations that funded and staffed planning efforts for over two years. Leading this collaboration was the Health Resources and Services Administration—through its Maternal and Child Health Bureau Division of Healthy Start and its Bureau of Primary Health Care—and the National Healthy Mothers, Healthy Babies Coalition.

The national forum, held October 1995, was the result of our realization of the importance of learning about community outreach on a national level. In 1993, the Healthy Start projects saw a need to bring together outreach workers across the country. The Healthy Start projects and their communities recognized the importance of their community outreach workers and the need to continue to provide them with support and training.

With the same goals in mind, the Healthy Mothers, Healthy Babies Coalition conducted a national survey to determine the content of the forum. The survey was the spark to a fire—the interest was immediate and wide-

spread. A large and varied planning committee was then formed. Melodie Berry, an outreach worker from Washington, DC, came up with the theme for the meeting: *Reaching Out, Pulling Together, and Holding On*—things outreach workers do every day, every hour, and even in their sleep! Angelina Borbon kept the 35-member planning committee on target, always focusing committee efforts on the needs and the expertise of outreach workers.

The national forum was the premiere meeting for community outreach workers, but we hope that it will not be the last. We hope that this meeting and this publication will help the nation become aware that community health workers must play an important role in health care for families.

Because of widespread interest in learning about outreach and other strategies employed by Healthy Start, this publication is part of a multivolume series, *The Healthy Start Initiative: A Community-Driven Approach to Infant Mortality Reduction.* The series of publications provides a mechanism by which critical current information about the projects' activities can be shared and widely disseminated. Other volumes in the series include:

- *Volume I. Consortia Development* (Spring 1994)
- *Volume II. Early Implementation: Lessons Learned* (Fall 1994)
- *Volume III. Sustainability* (Fall 1995)
- *Volume V. Managed Care Contracting* (forthcoming)
- *Volume VI. Healthy Start Innovations* (planned)

This perinatal outreach conference was very successful. As you will find in the following pages, much information was openly shared and many new networks were established at all levels, with a great momentum and revived spirit to go forward to address our communities' needs and possibly meet again in the future.

Thurma McCann, M.D., M.P.H.
Director, Division of Healthy Start
Maternal and Child Health Bureau
Health Resources and Services Administration

INTRODUCTION

Always Reaching

"Sometimes I want to ask God why He allows injustice, poverty, and disease when I know He could do something about it. But I don't ask Him, because I'm afraid He might ask me the same thing."

— From a message on the wall of a Health Care for the Homeless project, Bureau of Primary Health Care, as quoted by Dr. Marilyn Gaston, Assistant Surgeon General, Director of the Bureau of Primary Health Care

Many times throughout history, outreach work has entered the spotlight. Recently, outreach workers have been employed to find those who have the greatest need for health care and who face the highest barriers to obtaining it. Outreach workers are finding and serving pregnant women, young children, young fathers, homeless families, and people with AIDS, among others.

Though every outreach worker, every client, and every community is different, outreach workers all have one thing in common: they are always reaching—reaching out to clients, reaching toward their goals, and reaching beyond expectations.

- Outreach workers are expanding the reach of health care systems. They are broadening the scope of health care to include physical, mental, social, family, and community health, and are bringing families into the systems they need.
- Outreach workers are reaching toward their goals—to recruit clients, to change their organizations, and to improve the health of families and communities.
- Outreach workers are reaching beyond anyone's expectations. They are serving more clients, they are extending new partnerships, and their messages are informing new systems.

This book is intended for three audiences:

- Outreach workers, who can use this information to continue to reach out to their communities;

- Outreach programs, both new and established, which can use this information to help their employees always reach, and who can learn how to enhance the impact of their programs by learning the lessons of those who have gone before; and
- Providers, agencies, and policymakers, who can use this information to continue to broaden the scope of health care systems.

Reaching Out: How to Improve Services

Outreach workers, like all members of the health care team, need to continue to sharpen their skills and broaden their views. This chapter presents suggestions for outreach workers on how to improve services to clients, how to improve awareness of cultural differences and fathers' potential involvement, and how to care for their own needs as they reach out to others.

Reaching Up: How to Mentor Outreach Workers through Training and Supervision

To be effective in reaching others, outreach workers need opportunities to achieve their own goals, both personal and professional. To do this, outreach programs need to clearly define their roles, use effective recruiting processes, and supervise, mentor, and train outreach workers. This chapter

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presents some suggestions to help outreach workers as they reach toward their goals.

Reaching Across: How to Build Partnerships with Other Organizations

The essence of outreach work calls the community and its organizations to work together. This involves not only other community-based programs, but also those organizations (including managed care organizations) who can provide resources to outreach programs. This chapter presents the lessons that outreach workers and their programs have learned as they reach across communities and resources.

Reaching In: How to Learn from Research and Evaluation

To sustain and improve outreach services, outreach workers and programs are learning continually. They need to be familiar with existing research and to have systems to collect data and evaluate their own programs. These efforts are directed toward improving services and demonstrating the effectiveness of outreach to partners and policymakers. The way to gain this knowledge is to study the local outreach processes and programs.

This book encourages outreach workers and those who work with them to always reach within, reach out, and reach beyond. The contents of the book are built on the experiences of outreach workers and programs across the nation. The book serves as a "how-to" manual but does not explain how to do outreach work; it suggests how to improve the outreach process—how to always reach within one's self and into the experiences of others. These suggestions and strategies are to be used not as a road map, but as experienced counsel from those who are always reaching.

ALWAYS REACHING: COMMUNITY VOICES

Yvonne Lacey
Berkeley Department of Health and Human Services,
Berkeley, California

Community health workers are professionals

"There are 10 or 12 of us that were hired in the late '60s, early '70s. We decided we had to redesign this whole program of community health work. And we did. We asked for more responsibility, and proved that we could handle it. We came in early, worked late, worked on weekends and even on some holidays to follow up on a client that nobody else could find. We became known in our neighborhoods. We earned the respect and trust not only of the underserved—mothers with new babies, families, seniors—but also of community leaders, because we were there, we were visible.

We let our clients know that we cared about situations they were going through. We also became valuable members of the health care teams at our agencies. Because they needed us. Who was going to take team members to the crack houses? We were. When they needed to find a homeless family with tuberculosis, who did they come to? They came to us. Why? Because we knew the neighborhood, we knew our districts, and we knew the people. And that continues, yet we still struggle for respect and equal pay.

I believe that community health workers are born, not made. The first time you ever say good morning to a neighbor who has been isolated, the first time you stop to help someone, the first time you listen to a friend's tale of woe, you are doing community health work. I've done this all my life.

We must be present and we must be real, because people in the community can spot a phony a mile back. If you set yourself apart from the people you serve, you don't need to be there. No matter what the agency or program, if we want to assist our clients in accessing health care services, and if we want to empower the community, we must first empower ourselves.

Community health workers change their agencies

Agencies need to know that their guidelines and requirements mean nothing to a client who is hungry, or in a violent situation, or who has no permanent housing. That welfare check didn't come, the power got cut off, a purse was stolen. Before we can do our program work, we may need to learn to sit awhile with people, watch a soap opera with them. We may need to go beg some formula from a pediatrician. We may need to buy some Pampers with money out of our own pockets. Or, just listen.

We have to be whoever we need to be when we're out in the community. We have to be present and we have to be real. I know I'm not telling you anything you don't know. And believe me, 26 years in the field does not make me the expert. I'm still learning and growing."

REACHING OUT: HOW TO IMPROVE SERVICE

Outreach workers, like all members of the health care team, need to continue to sharpen their skills and broaden their views. This chapter presents suggestions on how outreach workers can improve services to clients, improve awareness about cultural differences and encourage fathers' involvement, and care for themselves as they reach out to others in need. This chapter discusses:

- Improving practice
  - How to listen to and hear the client
  - How to sort out multiple problems with clients
  - How to promote healthy behaviors in the community, using oral health as an example
- Improving awareness and attitudes
  - How to improve awareness and attitudes about male involvement
  - How to better serve ethnically diverse populations
- Caring for the caregiver
  - How to build safety into home visiting
  - How to manage stress

Preceding each of these topics is a "Tips Sheet," a guide to the information contained in the subsequent section. It can be photocopied for use in day-to-day work or in training programs.

IMPROVING PRACTICE

How to Listen to and Hear the Client

TIPS FOR LISTENING TO AND HEARING YOUR CLIENTS

Listening is at the heart of outreach work

Use listening skills to

- Identify problems
- Build trusting relationships with clients
- Determine clients' needs and wants (rather than your own needs and wants for clients)
- Show respect to all clients
- Offer acceptance

Know the barriers to listening

- Communication gaps
- Distractions and lack of focus
- Relationship issues

Show that you are a good listener

- Through attitudes: Be sensitive, honest, and respectful
- Through behaviors, including body language

How to Listen to and Hear the Client

"Our work is all centered on listening. We can't help someone if we don't listen. I think it's also about relationships and putting the client at the center, rather than your program or what society says. You have to listen to the individual."

— Ercilia Ramirez, Midwest Migrant Health Information Office, Monroe, Michigan

Listening is at the heart of outreach work

Listening is an essential way for outreach workers to achieve their goals, namely to understand their clients' needs and help clients find ways to meet their needs. Listening is the best way to:

- Identify problems
- Build trusting relationships with clients
- Determine clients' needs and wants (rather than the outreach workers' needs and wants for the clients)
- Show respect to all clients
- Offer acceptance and nonjudgmental support

Building trust through listening is the only way to learn about the real issues in clients' lives. Even when clients are not ready to address every issue, outreach workers can build trusting relationships through sensitive listening, communicating that they are ready when their clients feel ready.

"I tell them that we don't have to talk about HIV just because I do HIV outreach. I'm there to listen and talk about whatever they want. Listening is the most important skill. I learned that a long time ago, as a former service recipient, when I was frustrated that people wouldn't listen and were giving me things I didn't need and not giving me what I did need."

— Viola Muniz Gomez, Rural Opportunities, Inc., Bowling Green, Ohio

Listening is also an essential way for supervisors to understand the work of outreach and to learn how to support their workers.

Know the barriers to listening

Listening sounds like a simple task, but outreach workers know there can be many barriers. It is important to be aware of:

Communication gaps

- Perceptions and misperceptions (different people hear messages differently, depending on their perspective)
- Language barriers

Distractions and lack of focus

- Distractions such as noise (loud television or crying baby)
- Time pressures
- Preoccupation with personal problems or those of other clients
- Stress and burnout
- Concerns for personal safety

Relationship issues

- Cultural assumptions
- Difficulties in building a trusting relationship

Be a good listener

"Don't put your agenda before theirs. If you are telling [the client] to use condoms and she goes home and her partner beats her, and you haven't heard that, you are making a big mistake. She will look for someone to help them with their real problem."

— Roger Jackson, California Prevention Education Project

There are many ways to improve listening. Outreach workers first need to be aware of their own attitudes and behaviors. They need to do more than hear their clients, they need to show clients that they are listening.

Attitudes

- Respect clients and respect their right to make choices. Be honest with them.
- Be sensitive to each individual.
- Be empathetic—try to imagine being in the client's place.
- Recognize the reality of dealing not only with clients but also with their support systems.
- Be patient.
- Be accepting—avoid passing judgment.
- Be open-minded and accessible.
- Meet clients where they are. Don't force a personal agenda.

Behaviors

- Take a moment to focus and stay present in that moment
- Recognize that clients are taking time out of what they are doing to talk with their outreach worker
- Be aware of body language
- Be prepared with materials and resources, but don't have a rigid agenda
- Check listening skills by repeating back or rephrasing what the client said
- Take enough time for each client
- Validate the worth of the person
- Rely on support systems for one's self as well as for others

Listening is a skill that can be continually improved—there is no perfect listener. The more outreach workers strive to truly listen to their clients, the more impact they will have on lives in their communities.

TIPS FOR SORTING OUT MULTIPLE PROBLEMS WITH CLIENTS

Begin by assessing needs, capacities, and resources

- Start with basic needs
- Know the client's capacities (strengths and barriers)
- Know what resources are available to both you and your clients

Set a plan of action together

- Identify problems
- Set long-term and short-term goals
- Think of possible solutions together
- Consider possible outcomes of each possible solution (ask "What will happen if I do this?")
- Make decisions
- Take action
- Evaluate and revisit goals, decisions, and actions, and consider the lessons to be learned by you and your clients

Know when you have done all you can

- Be sure to understand the client's perspective
- Be responsible *to* the client, not *for* the client
- Move on to serve other clients when you must

How to Sort Out Multiple Problems with Clients

Many, if not all, of the clients served by outreach workers have multiple problems. Lack of health care, employment, education, and other resources are related problems, rarely found in isolation. Some clients, however, present a complex array of needs. Almost all outreach workers have had clients with multiple problems whom they've tried to help—sometimes it's hard to be confident that there are any answers. Here are some tips for helping to serve clients in the best way possible.

Begin by assessing needs, capacities, and resources

The ancient Chinese proverb states: "Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime." The challenge for outreach workers is to help build the capacities of their clients. Begin with an assessment of the three core elements of the outreach client needs, capacity, and resources.

Needs

Start with the client's most basic needs—food and water—then move to long-term needs. First, try asking, "Have you had anything to eat today?" If the answer is no, it's important to meet that need first before the client can focus on anything else. Next, look into the client's needs for housing, clothing, and safety. Once those needs are met, it is then possible to focus on the client's self-esteem and need for belonging. Helping clients to increase their sense of self-esteem is a preliminary step in the journey to "self-actualization"—psychologist Abraham Maslow's term for the individual's feeling of contributing to society and fulfilling one's potential.

Capacities

Know the client's reading level, language capacities, physical capabilities, ability to access transportation, and other capacities that can help or hinder attempts to develop solutions to problems.

Resources

Assess the resources available to and for the client. Build on existing resources such as local churches, youth groups, substance abuse treatment and prevention resources, and community clubs—and take into account the resources, both personal and organizational, that are available to outreach workers.

To build clients' capacities, outreach workers need to encourage them to take an active role in self-care—to take initiative and make their own decisions. Sometimes, it's useful to have clients list their good qualities, help them recognize that they do make choices, and encourage them to take control of their lives. It is important to remember that the agenda should be focused on the needs of the clients, not those of the outreach worker.

Set a plan of action together

Outreach workers can teach clients the same problem-solving process that they themselves use. To be effective, the client and outreach worker need to go through the steps together. If the client is a partner in setting goals and actions, the process is more likely to work.

- Identify the problems
- Set long-term and short-term goals
- Think of possible solutions together
- Consider possible outcomes for each possible solution (ask "What will happen if I do this?")
- Make decisions
- Take action
- Evaluate and revisit goals, decisions, and actions, and consider the lessons to be learned from the process, for both client and outreach worker

Some programs develop contracts with their clients. They walk through the contract together to make certain that all of the terms are clear, and that the client knows what to expect from the outreach worker, knows what is expected of her, and understands the consequences of not fulfilling the contract.

Recognize when all efforts have been exhausted

When it seems that progress is impossible, remember these tips:

- Learn the reasons for the client's noncompliance—what seems obvious may not be the entire story. Be sure the client understands what is expected, and communicate effectively with the client to avoid possible misunderstandings.
- Be responsible *to*, not *for*, the client. The outreach worker's role is to provide resources, not to force the client to use them.

- Know when to move on. Do not spend all personal and professional resources entirely on one nonreceptive client when so many other responsive clients are waiting to be helped.

Despite the difficulties presented by clients with multiple problems, when outreach workers and clients face the problems together, both gain the most satisfaction.

How to Promote Healthy Behaviors in the Community

TIPS FOR IMPROVING ORAL HEALTH

Share oral health messages with clients and their families

- Acknowledge families' good intentions
- Educate families about oral health risks
- Help families develop healthy alternatives to bad habits

Oral Health Tips for Clients

Start early: Three ways to a healthy mouth

During pregnancy

- Brush and floss daily
- Eat healthy foods
- Get a dental checkup, and be sure to tell the dentist that you are pregnant

Remember, it's much harder to break a bad habit than to start a healthy one

Age birth to six months

- Avoid putting the baby to bed with a bottle
- Clean the baby's gums daily

Age 6 months to 18 months

- At 6 months, offer juice in a tippee cup
- At 12 months, wean the baby from the bottle
- Clean the baby's teeth daily

Age 18 months to 24 months

- Limit sweet and starchy snacks

Oral health as an example of community health issue training for outreach workers.

Oral health as an example of community health issue training for outreach workers.

- Brush the child's teeth daily with a pea-size dab of fluoride toothpaste (most children need help finishing the job until age six)
- Schedule the child's first dental visit

Ask the doctor or dentist about fluoride—it really does reduce tooth decay

Choose healthy snacks and remember that snacks make bad pacifiers

Offer children snacks that promote healthy teeth (fruits, vegetables, sandwiches, cereal with milk, cheese, yogurt, milk, or juice without extra sugar)

How to Promote Healthy Behaviors in the Community

This section uses oral health as an example of community health issue training for outreach workers. Like others in the health care system, outreach workers may know less about oral health than about other health issues. Oral health, however, is an important component of a child's development, affecting speech, nutrition, and self-esteem. Outreach workers are a vital link to oral health education and prevention services for many families.

Every child deserves a beautiful smile

A beautiful smile, especially a child's smile, is contagious. Many young children's smiles, however, reflect the effects of tooth decay and other dental problems. These can cause pain, infection, and poor self-esteem. Early tooth loss can lead to problems with speech or to crooked permanent teeth.

Many simple practices can prevent dental disease and improve oral health. Unfortunately, by the time many children with dental problems see a dentist—during Head Start, preschool, or elementary school—much of the damage caused by decay is already done. The challenge to health educators is to communicate to parents, children, and families the importance of seeking early oral health care—before it is too late.

Community outreach workers are well placed to take on this challenge, particularly in communities where children are at high risk for receiving limited preventive health care. Through training and regular contact with their clients and community, outreach workers can teach families the techniques of preventive oral health. Since February 1995, Healthy Start has been partnering with the Colgate-Palmolive Company's Bright Smiles, Bright Futures™ Oral Health Program to combine oral health screenings with perinatal services. Following are some of the messages from the Oral Health Program's outreach worker training module.

Be mindful that healthy baby teeth are important

Most baby's first teeth begin to appear at about six months of age, but that can vary by as much as six months. Until recently, many doctors and parents did not realize the importance of healthy baby teeth, since baby teeth eventually fall out and are replaced by permanent teeth. However, primary teeth play several important roles.

- Children cannot pronounce certain sounds (like "th" and "f") without their front teeth, which are essential for speech development.
- Damaged or broken teeth can lead to a poor self-image or keep children from smiling, thus interfering with their social development.
- Painful or broken teeth can interfere with proper eating, causing problems with nutrition and physical development.
- Baby teeth act as space savers for permanent teeth. If they are damaged or missing, the permanent teeth may come in crooked or in the wrong space.

Start Early

Healthy teeth begin even before a baby is born. A baby's teeth begin to develop during the fifth month of pregnancy. Like bones, strong teeth need lots of calcium—another reason for expectant mothers to eat healthy, nutritious foods. Pregnant women also need to take care of their own teeth with good oral health care. Many mothers are surprised to learn that the germs that cause cavities in their mouths can be passed on to their baby after birth through daily contact. A good way for an expectant mother to begin to take care of her baby is to take good care of herself. She should be sure to brush and floss daily, eat nutritious foods, get a dental checkup, and inform the dentist that she is pregnant.

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Recognize that it is much harder to break a bad habit than to start a healthy one

Even before a baby's teeth are visible, they are at risk for serious tooth decay if the baby sleeps with a bottle of any liquid other than water—even milk or juice. Baby bottle tooth decay is a serious disease that can lead to cavities, pain, tooth loss, infections, and loss of sleep.

Most babies begin reaching for things at about six months of age. This is a good time to introduce the baby to a tippee cup. A good tip is to serve juice only in a cup. At 12 months, it is time to wean the baby from the bottle entirely. It may be more difficult for the baby to give up the evening bottle than those offered at mealtimes. Though it may be difficult at first, and the baby may cry during the first few days, it is easier to encourage the baby to give up the bottle at one year rather than at a later age.

Ask the doctor or dentist about fluoride—it really does reduce tooth decay

Fluoride use is the single most effective way to prevent tooth decay. Fluoride prevents dental caries (commonly known as cavities) and makes teeth stronger. Many communities add fluoride to tap water. Parents should ask their doctor or dentist whether their water supply has the right amount of

fluoride to prevent cavities. If not, the dentist or doctor can prescribe fluoride drops for the baby.

Choose healthy snacks and remember that snacks make bad pacifiers

Sweet and starchy snacks such as chips, crackers, soda pop, and cookies result in an acid attack on the teeth that can cause cavities. If parents offer sweet or starchy foods, the best time to give them is during mealtime. When babies are fussy, try offering other distractions such as toys, books, and music.

Share oral health messages with clients and their families

The following case studies were developed for the Colgate-Palmolive Company's Bright Smiles, Bright Futures™ Oral Health Program for Healthy Start sites. They offer examples of the types of oral health situations outreach workers may encounter. The case studies offer some suggestions for promoting positive oral health practices, though there may be many other good solutions.

A 15-year-old client who is pregnant for the first time has several visible cavities in her teeth, yet refuses to go to the dentist because she is afraid. How can the outreach worker help?

- Listen attentively and supportively. Find out why the client is afraid of the dentist. If she has bad memories of dental visits during childhood, reassure her that dental practices and pain relief methods have changed during the past 10 years, and that, today, most dental work is not painful.
- Suggest that keeping her bright smile means scheduling a dental visit. Explain that if her dental problems become worse, her teeth may start to hurt.
- Suggest finding a dentist who is especially helpful in working with clients who are anxious. Offer to go with her or suggest finding a trusted friend to accompany her to the dental visit.

A 35-year-old client who is pregnant with her fifth child says that she really doesn't have time to brush her teeth in the morning, let alone floss—or even comb her hair! How can the outreach worker help?

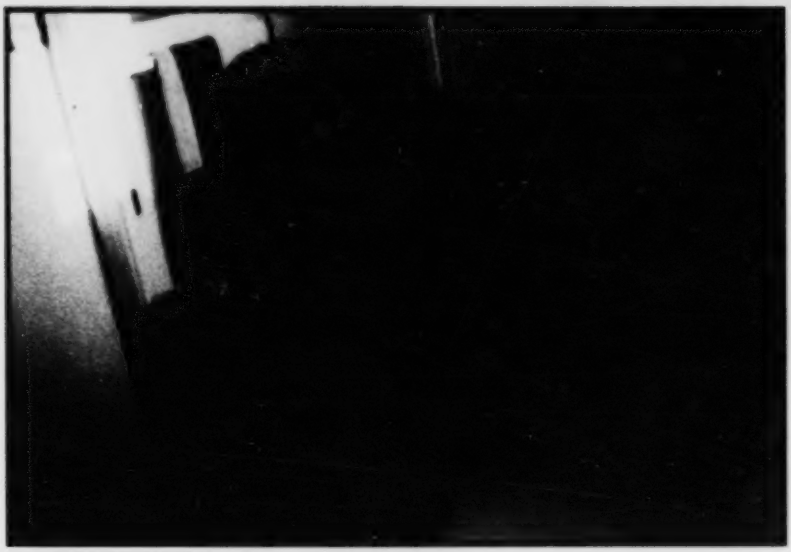
- Offer support—the client could probably use it! Let her know she's doing a good job.
- Talk with her about the importance of clean teeth and gums. See how she feels about brushing her teeth with her children as a group activity that would benefit the whole family.
- Suggest that taking a few minutes each day for herself might boost her self-esteem. Talk with her about her daily schedule to see whether she can find a creative solution for setting aside a few minutes for her own grooming. When the client herself finds the solution, it may be more likely to work.

A young mother works in the evenings while the father puts the baby to bed with a bottle at night. He explains that it saves time, and the baby doesn't fuss this way. How can the outreach worker help?

- Talk directly with the father. He may not realize how harmful this habit can be.
- Offer alternative strategies. Suggest that he might try holding and feeding the baby before putting her to bed. Explain that it may take a few nights for the baby to get used to going to sleep without the bottle in bed. If this is unacceptable, suggest filling the bottle with water or gradually diluting the milk or formula over a few days until the bottle is filled only with water.
- Suggest that the father accompany the family on the next visit to the dentist.
- Talk with the mother and other family members to reinforce this oral health message and offer suggestions for alternative habits.

The client depends on the child's grandmother for babysitting, but the grandmother spoils the two-year-old with frequent sweet and starchy snacks such as candy and potato chips. How can the outreach worker help?

- Acknowledge the importance of the grandmother's love.
- Educate her about the risks of sweet and starchy snacks, and the possible pain and infections that might result from decayed teeth.
- Recommend other healthier snacks.
- Suggest that, if the grandmother continues to offer sweet or starchy snacks, they be given only at mealtime.



MERI MCCOY THOMPSON

Oral health is only one of the areas in which outreach workers can deliver important health education messages to families. Using oral health as an example, this chapter illustrates effective techniques outreach workers can use when they have specific information to share with clients.

IMPROVING AWARENESS AND ATTITUDES

How to Improve Awareness and Attitudes about Male Involvement

TIPS FOR IMPROVING AWARENESS AND ATTITUDES ABOUT MALE INVOLVEMENT

Value fathers and the differences that fathers and mothers bring to parenting

- Learn from fathers and incorporate those lessons in outreach training and service delivery.
- Encourage fathers to attend child health visits and include them in the discussion.

Look beneath the surface—sometimes surface anger hides deep caring and a need for support

Do not underestimate a man's potential for fatherly love

- Find the men in children's lives who want to provide loving support and reach out to them.

Receive fathers openly

- Be aware that potential clients pick up on negative attitudes that clinic staff may have toward men or toward members of certain racial or ethnic groups.
- Help to make the clinic more comfortable and appealing to men by displaying sports magazines, male-oriented posters, etc.
- Reexamine staff attitudes about fathers. What images of men do clinics project? Are they positive images?
- Be creative. Develop an effective marketing and promotional plan.

Help to connect fathers with support systems in their communities

- Give fathers a chance to learn parenting skills and to advocate for their children.
- Offer a safe setting for men to express their feelings.
- Employ male staff members, and use male volunteers (especially when budgets are tight).
- Give fathers hope and a sense of purpose. Develop a philosophy incorporating principles and values that promote responsible manhood.
- Develop credibility in the community. Reach out to males where they are; use opportunities to recruit and educate (during half-time at basketball games, at the barber shop, or wherever men tend to gather together).

How to Improve Awareness and Attitudes about Male Involvement

Most men and women were raised with traditional expectations about fathers' involvement

Traditionally, the roles and priorities associated with fathers have been geared toward work. Men are expected to be providers, to be competitive and strong, to be in control, and to be self-sufficient; men are taught that they should not need to ask others for help or support.

Men have also been labeled as poor caregivers and many men have not had male role models to exemplify the nurturing side of fatherhood. Traditional expectations and societal stereotypes of fatherhood affect both men and women; women, for example, may be taught not to trust men or to expect them to take a positive part in their children's lives.

Outreach means reaching out to the whole family

"If you don't reach out to fathers—if you don't reach out to the whole family—you put children at risk."

— James May, National Fathers Network, Seattle, Washington

As the roles of men and women in our society continue to expand and evolve, new views of fatherhood have emerged. Increasingly, men have discovered the joys of participating in their children's lives, and they openly express this joy today more than in past eras. Researchers, practitioners, and policymakers have had to take a new look at the roles and contributions of both men and women in the family. Old assumptions have been called into question, as men and women in all communities have begun to recognize the importance of fathers.

Most children have a father or "father figure" in their lives. These men help shape children's lives—for better or worse. Researchers have shown that a positive bond between father and child leads to good measurable impacts on the child's growth, identity, and social skills. Male involvement in the family may also set the tone in other ways. When fathers fail to receive support, important family needs often go unmet—placing children at risk.

Young, black, and male: Facing the barriers and stereotypes

People are steeped in media perceptions concerning black males. Many stereotypes, misconceptions, generalizations, and negative images work against black men. Following are some of the common myths or stereotypes about men.

COMMON MYTHS ABOUT ALL MEN	COMMON MYTHS ABOUT YOUNG BLACK MEN
Men are:	**Young black men are:**
Workers	Violent
Independent	Dangerous
Strong	Criminal
In charge	An endangered species
Competitive	Intimidating
In control	Involved in drugs
Providers	Hostile
Problem solvers	
Protectors	
Athletic	
Men are not:	**Young black men are not:**
Emotional	Educated
In need of support	Interested in their children
Good caregivers	Caring
Connected to the family	Responsible

Young black men face many barriers linked to these stereotypes. In the National Fathers Network video recording *Equal Partners: African-American Fathers and the Health Care System* [Bellevue, Washington: Pierce Atkins Productions, 1996], fathers of children with special health needs poignantly portray some of the barriers they face. The quotes that follow are excerpts from this video recording (unless otherwise noted):

"I'm treated differently as a black man. I can't change what I am. The society we live in has a lot of prejudices."

"... They are stunned when a dad goes to the hospital; they are intimidated by his mere presence. You walk into a waiting room and women clutch their purses."

"We're not all out there with drugs ... We're just like other parents: We have kids, economic concerns ... We don't need your imposed problems and biases."

"You have an added stress: Nobody takes you for you."

"It's hard for kids to see their father humiliated. They see more than people give them credit for."

Breaking the mold: Learning lessons from fathers of children with special health needs

Men's images of fatherhood sometimes fall apart when they have a child with special health needs. They cannot be all-powerful and in control. They may need support from others. Their dreams of playing ball or camping with their child, sharing favorite activities, or bragging about the child's achievements may be impossible. Fathers of children with special health needs need a supportive setting in which to share their emotions.

Fathers of children with special health needs must challenge or explode the myths of traditional fathering and find new ways to be fathers. Some men feel that having a child with special health needs makes them better fathers, freeing them from stereotypes, allowing them to be nurturing and to celebrate the smallest pleasures and progress. Yet, even the most devoted and involved fathers of children with special health needs face many barriers in the health care system.

"In the health care system for children, we don't forget fathers by accident—we often consider them of secondary importance to mothers or we ignore them."

— James May, National Fathers Network, Seattle, Washington

The issues facing fathers of children with special health needs are considered so rarely, either in research or in practice, that it would seem these children do not have fathers. Interviews with fathers and health care providers (captured in the Equal Partners video recording cited earlier) show that fathers of children with special health needs, when confronting the health care system, are treated with resistance, racism, sexism, and humiliation. Lessons of acceptance, encouragement, and support need to be learned—not just for fathers of children with special health needs, but for all.

Lesson 1: Fathers are *not* invisible. Value fathers for their contributions.

In some cases, providers don't even see the fathers—they seem to be invisible. When staff at one clinic, for example, were asked if fathers ever came with their children, they answered no. However, the first four clients to walk through the clinic doors were fathers with their children.

Lesson 2: Look beneath the surface—sometimes surface anger hides deep caring and a need for support

In one case, a father was labeled "hostile" by clinic staff. Given the chance to talk, he showed a profound love for his son and a deep need for support and understanding. This single father's son was very ill with sickle cell anemia. The father was well informed about his son's illness—his little boy had been hospitalized 30 times. Not once had someone from his church or community come to visit or offer support. His case raises questions about how fathers are regarded in health care settings—questions echoed in the comments of outreach workers.

"Why did the medical personnel fail to see the pain through his hostility? With outreach, you see beyond the surface. You see the pain and other underlying issues."

— Outreach Worker

As the father of a boy with Down syndrome explained:

"I always wanted a son to share my love of sports, cars, to play ball. But I can't do that with Mark. It's hard to have a child like Mark and not be a good father. You have to devote lots of attention to him. My wife is in the army. She is sometimes gone a year or more at a time. I didn't have a choice. I wasn't going to abandon him. He was more important than I was."

Lesson 3: Do not underestimate a man's potential for fatherly love

The father of a girl with multiple developmental disabilities remarked:

"She's a very unique child. Her spirit is so beautiful, she's always smiling. She's always looking to check out your mood and she'll copy it ... I enjoy being there with her. I take her to her doctor's appointments. It's a nice time that we spend together. She looks up and smiles and I know it makes her happy. Talking to health people, they look at me sitting holding hands and talking. That's what you're supposed to do.... I treat her like she's not disabled. Her heart and mind are not disabled, just her body. She needs special love."

Lesson 4: Receive fathers with open arms

Fathers meet with resistance and discrimination from some health care providers. In addition, health care settings often do not seem to welcome fathers. They lack positive images; for example, a clinic may display posters that refer to fathers only as domestic abusers.

"Institutions assume you have no education and are prone to violence."

Lesson 5: Connect fathers with support systems in their communities

In the following quotations, fathers vividly describe their struggles and their need (often unmet) for support:

"It's a constant battle. Some people use going to work as an escape. But our jobs are 24 hours a day."

"I don't get support. It's hard, but I have to do this. If I'm not there to take him to the hospital, he doesn't go. I hurt a lot, but I know what the alternative is. I don't know what the health care system would do if I wasn't there."

It is clear that fathers of children with special health needs, as well as other fathers, need responsive outlets to express their emotions, their concerns, and other issues.

"Women have been taking the ball a long time. It's time for us to stand up and get gentlemen involved in the care part of being a parent."

— Ron Copeland, Baltimore City Healthy Start, Baltimore, Maryland

BIRMINGHAM HEALTHY START

Involved male caregivers are good for families

Many children in communities are growing up in single-parent families—most often with their mothers. However, many of these children have males who are involved in their lives, either as fathers or "father figures." If families are to be a source of strength for children, it is imperative to reconnect with these fathers and father figures, and to help advocate for responsible fatherhood.

Groups throughout the country are working hard to engage men in family life and family responsibilities. The Men's Services Program of Baltimore City Healthy Start (Maryland) encourages men to become involved with their families, from prenatal care through parenting and family planning.

> *"I'm proud to be part of the men's program. We go out and advocate with the men who are the 'significant others' of our Healthy Start clients. We teach them to do the best that they can and to get involved in supporting women personally and materially—during pregnancy and beyond. People ask me if it's hard, and I say no—it's fun. I enjoy it. I have God with me all the time. I'm a divorced single parent with two sons. I use myself as a role model."*
>
> — Outreach Worker

How to help men become more involved

> *"I work with healthy teenage and young adult males, ages 10 to 24 years. I'm into prevention. They need values, a philosophy. They need somebody to promote them and encourage them to get education, skills, jobs. We work on meeting their most basic needs. We work on developing positive relationships to support themselves and their kids. We give them role models so they can see and learn."*
>
> — Outreach Worker

Outreach workers face a number of barriers in trying to help men become more involved. Following are some common problems and some tips on how to solve them.

Problem: "Some men aren't sure how to get involved. They need role models."

- Try to establish good communication; help the male understand how fulfilling his involvement could be.

- Discuss the outreach and service process with him to avoid possible misunderstandings.
- When visiting the mother, bring a videotape showing other fathers' involvement in caring for their families. Leave the videotape with the mother, and the father will probably watch it, too.

Problem: "I'm a lactation counselor, and when I am in the home helping the mom with breastfeeding, the dad usually leaves the room. It's hard to get the father involved."

- Encourage the father to help use the breast pump, or find other ways to help him become involved in supporting the mother's breastfeeding. Suggest to the mother that she involve the father in caring for the child, while she is breastfeeding or pumping (and in general).
- Bring along a male outreach worker to the home visit. He can talk with the father in another room, giving the father a chance to talk about his new parenting role with someone who is experienced.

Problem: "Many of the women we work with know their rights. They know what they can and cannot do with their children. But when I am asked what the father's rights are, I don't know."

- Each state has different laws, but social services and child protection agencies are knowledgeable about fathers' rights. Become informed about the rights of both parents, including absent parents, and let the clients know where they can find resources and information.
- In some areas, hospitals are required to tell new parents about special paternity programs.

Problem: "We work with families who live in a border state. In many cases, the baby's father is in Mexico, and might not return. What is the best way to deal with absent fathers?"

- Find out what other men (perhaps a grandfather or an uncle) are important in the family's life. Look for the power of the extended family to see who else can be reached.
- Help the family build relationships with men in the community. Remember the adage "Each one teach one." Using that approach, the problem of absentee fathers can be overcome.

Involving fathers challenges outreach workers to examine their attitudes and to think in new ways. Yet, supporting male involvement has the potential to increase a family's capacities and improve each family member's well-being.

TIPS FOR SERVING ETHNICALLY DIVERSE POPULATIONS

Understand how isolation impoverishes all of us

- Acknowledge differences
- Ask diverse interest groups to work toward social justice and remove barriers that prevent access to resources, despite the unique problems of each group

Break the cycle of isolation

- Have honest exchanges of ideas and face-to-face interactions
- Form a coalition of separate groups around a common goal or objective
- Know each other's struggles

Become allies

- Build each other's capacities
- Strive to internalize the qualities of an ally

Learn to understand each other

- Break down communication barriers, including language barriers
- Respect each other's ways of communicating

Derive strength from heritage

- Resist stereotyping others
- Use the strength and tradition of culture to enrich outreach programs

Build understanding

- Understand (rather than judge) other cultures
- Know the differences between one's own culture, the mainstream culture, and other cultures in the community

Move from social service to social change

- Remember that social services are a temporary measure on the way to achieving the goal of social change
- Meet shared responsibility to promote social change through changing three components: roles, relationships, and status

How to Better Serve Ethnically Diverse Populations

"It's me that makes community; it's you that makes community; it's us that make community."

— Elizabeth Chung, Asian American Community Services, Columbus Ohio

Isolation impoverishes all of us

Cultural diversity is not meaningful unless we acknowledge that there are differences. Today, many are isolated from the diversity of perspectives, experiences, knowledge, and skills that exist across our communities. At times, it is difficult to ask diverse interest groups to work toward social justice, and to remove barriers to resources. African Americans may be concerned about Afrocentrism; Latinos may be striving for bilingual education; Asian Americans may battle the myth of model minority; Native Americans may struggle to balance traditional and contemporary lifestyles. Newcomers to our land face additional issues.

People must be very concerned about their own backyard; yet isolation impoverishes all of us. In a time of shrinking resources, people have become more isolated than ever.

Unity can break the cycle of isolation

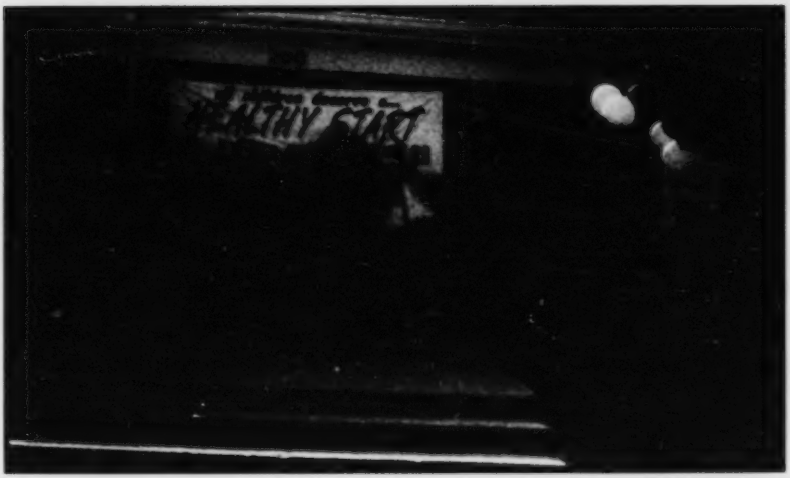
"Cultural diversity in not enough. To be truly multicultural, we need to know what it is like to feel the pain and struggles of others."

— Outreach Worker

To become an effective agent of change within the context of multiculturalism is to face the challenge of breaking the cycle of isolation. This requires an honest exchange of ideas and face-to-face interactions. It requires being able to put ourselves in other peoples' shoes. It requires unity—a coalition of separate groups gathered together around a common goal or objective.

Being united means learning to understand each other

America was built by people who spoke many different languages, including English. Language barriers are often perceived as problems for those whose native tongue is not English. This ignores the millions of Americans



with literacy problems. It ignores the fact that there are many different forms of English: southern dialects, Appalachian dialects, black vernacular English, and many others. Remember that language barriers and literacy problems are not necessarily ethnicity-specific.

Outreach workers need to be sensitive to language barriers, and to ensure that their educational materials reflect this sensitivity. This might include using translators, learning other languages, and helping others learn English.

Being united means becoming an ally

Outreach workers, administrators, and policymakers—all have the responsibility to build capacity within the context of multiculturalism. Becoming an ally is not an easy skill. One must fully internalize the meaning of an ally, and this takes practice.

To be an ally means to:

- Understand the nature of structural oppression (racism, sexism) that is alive in the system.
- Choose to side with oppressed people, including those struggling with the health care system.
- Believe that it is in one's self-interest and best interest to be an ally. This integrates each of us back into the human spirit.

- Make the effort of personal growth that is required. Uplift and empower staff on an equal plane.
- Accept support from allies. Health care providers, for example, can learn from Chinese and African-American healing arts, which have been practiced for 2,000 years. Don't always think in terms of teachers (outreach workers, administrators) and learners (clients)—all can learn together.
- Acknowledge mistakes; allow growth and change to improve accessibility.
- Expect to make mistakes but don't use them as an excuse for inaction. Be responsible for change.
- Know that all sides in an ally relationship have clear responsibility for their own change, whether or not the other person changes.
- Know that in the most empowered ally relationship, the person in the traditionally dominant role initiates the change toward personal and institutional equality.
- Know that each of us is responsible for humanizing and empowering consumers' roles in the institution.
- Provide a sense of community, whatever the work setting.
- Have a good sense of humor.

There are many cultures within communities. Two examples are used here: African-American and Native American.

African-American perspectives: Being united means deriving strength from heritage

Media stereotypes and public policy assumptions about certain populations fail to include an understanding of their history, culture, and values. This is certainly true for low-income African-American single mothers and their families. This image of poverty has led to a rash of policies that emphasize enforcement of sexual norms and traditional family structure without taking into account hard social and economic realities that impact single parenthood, unemployment, and poverty. Far less policy or media attention focuses on empowerment (taking into account the strengths and richness within African-American families and communities).

The DC Healthy Start Program emphasizes empowerment by honoring the Swahili tradition of Harambee—all pulling together. Some of the special characteristics of their program include:

- Having a welcoming ritual for new births, during which the program welcomes babies—by name—to this extended family.
- Building understanding between providers and clients. To ensure that the women in the program do not see themselves as totally separate from the providers, each month the DC Healthy Start consumers interview one member of the clinic staff, who shares individual stories and struggles.
- Employing research interns. The interns need to be good detectives, focusing not just on theory but on applied research. Interns research issues such as effective incentives to encourage women to have regular prenatal care during pregnancy.
- Sharing a meal together. At luncheons, the project serves healthy food, and encourages people to bring their families and lift them up for a blessing. This lunch experience also offers an opportunity to model appropriate behavior for parents and children.
- Scheduling special events. Some of the pregnant women go out only to participate in special programs. The project, for example, has organized special presentations and tours so that women can sample native foods or see the homes and memorabilia of highly esteemed African Americans such as Frederick Douglass.

Native American Perspectives: Being united means using a holistic approach

The Northern Plains Healthy Start project is the first-of-its-kind demonstration project, bringing together 19 tribes behind a common purpose—to reduce infant mortality. This project incorporates the Native American holistic approach to health care, in which the spirit is at the center, and these elements radiate out from the core: ego or self; community; nuclear family; extended family; tribe; and physical, emotional, and spiritual well-being.

Special characteristics of the Northern Plains Healthy Start program include:

- Developing a care plan that incorporates all aspects of consumers' needs, based on risk assessments.
- Involving families, including fathers. The project involves fathers and other family members as participants, and service environments are welcoming to males.
- Incorporating traditional beliefs into services. In the Lakota tradition, babies are sacred—they come from the spirit world. As in the African-

American tradition, the Native American peoples also welcome their babies. Tribal members talk to the babies, encouraging their spirit to stay.

- Networking and collaborating with other health professionals.
- Establishing a public information/education campaign. Oral history is an important part of the Native American tradition. The project educates by telling stories, sharing teachings and traditions.

Being united means building understanding

Native Americans are encouraged not only to be proud of their heritage and traditions, but also to learn to understand those of other groups. Within the cultural groups of the Northern Plains, there is great diversity. For example, about 15 different communities live on the Cheyenne reservation (approximately the size of Connecticut) in the Northern Plains. Each of these communities represents different groups, as people marry outside their tribe and bring in new ways, new perspectives.

Though diverse, Native American populations share many cultural values. Identifying some of these values may help build understanding among cultures. Native Americans, for example, may differ from others in their emphasis on valuing:

- Respect for elders
- Contributions made as a member of the group, rather than as an individual
- Children as part of adult life, rather than adults striving for youth
- Extended family, rather than nuclear family
- Emphasis on listening and respect for silence; ideas and feelings expressed through words rather than actions
- Orientation toward the present, not the future
- Religion as a way of life, not only a segment of life
- Harmony with nature, rather than mastery over nature
- Work as a means to meet the needs of family, rather than a means to get ahead

Uniting means moving from social service to social change

"We believe that social service is temporary—the most important thing is social change."

— Lou Taylor, DC Healthy Start and Delta Education Foundation, Washington, DC

Social service needs to be viewed as a temporary measure on the way to achieving social changes that replace dependence and hopelessness with self-determination and self-sufficiency. Outreach has a shared responsibility to promote social change, including:

- Changing roles—so that those whose lives are affected by public policies have a voice in public policy decisions.
- Changing relationships—so that there is an exchange of ideas across income and class groups, and between providers and recipients of services.
- Changing status—so that the ideas and values of minority groups are given credence and respect, and are acted upon.

By breaking through the barriers of isolation and coming together, diverse groups can be a powerful force for change. Outreach workers can use this power to better serve their clients, and, ultimately, to change systems—both large and small.

CARING FOR THE CAREGIVER

How to Build Safety into Home Visiting

TIPS FOR SAFETY
WHEN MAKING HOME VISITS

Discuss safety in your program

Know the principles of safety for outreach workers

- Prepare
- Be aware
- Act with safety in mind
- Build relationships

How to Build Safety into Home Visiting

Outreach workers work in the neighborhood—on the streets, in the stores, and in people's homes. At times, these places can be frightening and dangerous, and many articles and publications focus on safety for home visitors. Every threatening situation is different, and the outreach worker's most important asset is good judgment. Although safety prevention strategies may differ depending on the neighborhood and the situation, the following suggestions may help.

Discuss safety in the outreach program

Be sure that outreach workers, co-workers, and supervisors have systems for safety. Establish lines of communication for alerting peers and supervisors when beginning and ending an anticipated difficult visit. Support each other in making safe choices. Be clear about the program's values for staying safe. Once outreach workers know their agency's position and policies, it is helpful to network with outreach workers in other programs. The more outreach workers stand together, the safer they will feel.

Know the principles of safety for outreach workers

The principles are clear. Acting on them depends on the neighborhood, the program, and the outreach worker's own comfort level and style.

Nevertheless, four universal principles apply: always prepare, be aware, act with safety in mind, and build relationships. Some suggestions for how to act on these principles are listed below.

Prepare

- Use sign-in and sign-out sheets at the office.
- Call clients in advance to see whether it's a good time to visit.
- Get training in self-defense.
- Get de-escalation training from police.
- Leave a copy of work schedules with the office.

Be aware

- Notice surroundings.
- Use eye contact to show confidence.
- Watch body language.
- Notice possible threats (blind alleys, dogs, etc.)

Act with safety in mind

- Carry a cellular phone or a pager.
- Place check-in calls with the office every hour.
- Work and travel in pairs.
- Lock personal belongings in the car trunk.

Build relationships

- Get to know each client's neighbors.
- Know the community (shop owners, ministers, neighborhood watch leaders).
- Know who the drug dealers are.

Outreach workers and their programs can discuss these suggestions and incorporate safety procedures that everyone feels comfortable with.

TIPS FOR DEALING WITH STRESS

Recognize stressors and symptoms of stress

- Find a balance. No stress or very low stress may lead to lack of motivation and poor performance; yet, too much stress is harmful.

Sort out priorities to help cope with stress

- Measure importance. Ask: Is it important enough to do something about? Pray about it or give it over to the inner spirit—whatever gets you through the day.
- Measure control. Ask: Do I have any control over this situation? Is there something I can do?
- Set priorities. Thinking through what is important vs. unimportant, and controllable vs. uncontrollable, is one way to help sort out priorities.

Know the strategies for coping with stress: Accept, avoid, alter, or adapt

- Differentiate between being responsible *to* and being responsible *for*. Each of us may be responsible to another person, but we are responsible only *for* ourselves, our actions, our choices. Blurring the boundaries between these two types of responsibilities can generate significant stress.

Choose the most appropriate response for the situation

- Don't get caught in the negative stress cycle. Make a reasoned choice to accept, avoid, alter, or adapt.

How to Manage Stress

What is stress?

The American Heritage Dictionary defines stress as a mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, rise in blood pressure, muscular tension, irritability, and depression.

To survive in the wild, primitive humans relied on their natural fight or flight response to stressors such as danger or illness. The stress hormones and chemical changes that were released in their bodies in response to stress generated the quick bursts of energy they used to fight or escape. In modern times, people generally don't use fight or flight as a response to stress. Today, people are more likely to build up stress slowly over the day in the face of traffic delays, work frustrations, and other demands. People today produce the same stress hormones and chemical changes as primitive people, but these chemicals remain in the human body instead of being released—leading to a feeling of exhaustion or lowered resistance by the end of the day.

Recognize stressors and symptoms of stress

Some obvious stressors include illness; life changes; financial worries; work issues related to job security, work overload, incompetent colleagues, and difficult clients or situations; dieting; moving; traffic; news events; and physical stressors such as heat, cold, noise, or bright light.

Stressors come in all varieties. However, they also have certain things in common, especially the types of changes in physical reactions, emotions, mental processes, and behaviors that they can bring about.

Sort out priorities to help cope with stress

A no-stress job can be boring—in fact, boredom itself causes stress. People need challenges in their lives. When dealing with stress, it's important to emphasize controlling it rather than eliminating it.

Asking the question, "Do I have control?" can help sort out priorities. Thinking through life events in terms of what is important or unimportant, controllable or uncontrollable, is a way to help sort out priorities.

PHYSICAL SYMPTOMS	EMOTIONAL CUES	MENTAL CUES	BEHAVIORAL REACTIONS
• Migraine headaches • Sleeping too much or too little • Stomach, neck, and shoulder problems • Sexual dysfunction • Sweating • Heartburn • Skin problems • Flu symptoms • Frequent illness • Fatigue • Irregular heart rate • Menstrual problems	• Bouts of crying • Loss of self-esteem • Finding fault with self • Irritability • Depression • Anger • Anxiety • Impatience	• Forgetfulness • Lack of concentration • Learning difficulties • Speech difficulties (slurring, stuttering)	• Overeating or undereating • Increased smoking • Increased drinking or substance use • Tendency toward unintentional injuries • Reckless driving • Poor communication • Angry outbursts

Most kinds of stressors that outreach workers face each day can be divided into one of four possible categories: important and controllable, important and uncontrollable, unimportant and controllable, and unimportant and uncontrollable.

Important/Controllable

Example: Jane doesn't like the place where she lives. She has some control over the situation because she could find a new place to live or make changes to improve her current home.

Important/Uncontrollable

Example: Aniqa's baby is sick due to salmonella poisoning. She is not allowed to take her baby to child care, nor to be near her outreach clients because of possible bacterial contamination. She cannot control the illness but she can look for support from others to help cope with the situation, or make the best of the time spent with her baby.

Unimportant/Controllable

Example: James finds that the drive to all his case sites is long and boring. He can change the situation by listening to music or books on tape to make the ride more tolerable.

Unimportant/Uncontrollable

Example: Tita thinks her feet are ugly, but can't control the way they look. Instead, she can try to find shoes that are flattering and try to change her attitude.

Choose the appropriate strategies for coping with stress: Accept, avoid, alter, or adapt.

In any stressful situation, each person has four choices—accept, avoid, alter, or adapt.

Accept the stressor

Sometimes, when an outreach worker has done all that can be done, it is time to accept the stressful situation. This may not be easy, but it may be the best solution.

"I am the only Latina in my program, and it is very stressful. I accept it, but it's difficult every day."

— Outreach Worker

At other times, accepting a stressful situation may actually become a positive act, not a passive one. Stress may act as a motivator; it may be like a spiritual change that comes with a feeling of peace. Acceptance might involve trying to learn from past experiences, talking with someone else about the situation, joining a support group, or using positive self-talk. This does not mean that outreach workers should accept everything, however. Total acceptance is a sure sign of burnout and can lead to depression.

"If outreach workers don't stand up for what they believe, nothing will happen—outreach workers are leaders."

— Teresa Mejia, ASHA House, Oakland, California

Avoid the stressor

It may not be possible to avoid all the stressors in life, but sometimes needless stress can be avoided. Be aware of options. Planning ahead or rearranging the surroundings can be effective strategies to avoid stress (e.g., leave earlier for work to avoid traffic congestion; avoid taking on more work than can be adequately managed).

Alter the stressor

At times, a person may have no control over a stressful situation such as severe weather. At other times, however, it may be possible to change the situation. Outreach workers, for example, may be able to prepare in advance for a challenging situation in order to help reduce some of the stress, or communicate more effectively, or ask another person to change a behavior to alter the situation.

Adapt to the stressor

Following are some strategies to help adapt to stressful situations that cannot be avoided or controlled. These involve changes in thinking, feelings, or actions.

- Exercise—this is nature's way to get rid of the buildup of stress hormones. Support each other at work on this issue.
- Take time to sit quietly. Clear the mind. It helps to focus on a pleasant word, image, or sound.
- Breathe deeply. When trying to stay calm, breathing is key. Focus on the sound of your breath.

- Try progressive relaxation techniques for the muscles in the body (first tense, then relax distinct muscle groups, noticing the difference in feeling).
- Rethink how much this is worth getting upset about.
- Talk to other people, join support groups, share feelings.
- Think of ways to manage time more effectively. Delegate tasks to others. Break big jobs into smaller tasks and focus on one at a time. Avoid time wasters and learn to say no.

"With my partner and the stresses of our life together—including caring for our 18-month-old baby and the pressures of a teaching career—we do all four (accept, avoid, alter, and adapt)."

— Outreach Worker

Don't get caught in the negative stress cycle

Stress can act as an emotional hook that leads to a cycle of negative reactions, which, in turn, create even more stress. People often respond to stressors with an automatic reaction or negative mood, which can easily lead to maladaptive behavior resulting in negative physical symptoms.

Example: It is the end of the day. Sara goes to the grocery store and someone cuts in line in front of her—this is the emotional "hook." Her automatic reaction is to raise her voice and argue with the person, which holds up the grocery line even more and leaves her, the other person, and the cashier feeling even more stressed than before.

How can she break the negative stress cycle? Stop and think, don't just react. Decide whether it's important to say something or do something. Then choose how to react—make it an intellectual, not an emotional, reaction.

Managing stress does more than help outreach workers relax—good coping skills enable them to be more effective in their work. Outreach workers and their programs can support positive stress management through these techniques and others.

Emma Torres, Valley Health Center, Inc., Somerton, Arizona

"I'm the outreach worker coordinator at Valley Health Center. I'm a one-woman department, as I'm sure many of you are. What I do is case management; I recruit and provide outreach to pregnant women in rural areas of my county.

I have some clients that live 150 miles from where I work. Many of the rural communities have limited or no health services. So, what do I do when I go 150 miles and recruit a woman, and educate her and convince her of the importance of prenatal care and other services? Do I just tell her to go to the doctor when it's 130 miles away, and get good nutrition when the closest store is 40 miles away and she doesn't have a car? It's very hard.

The Making of an Outreach Worker

I also want to share my life history and how I became an outreach worker, because I think some of my life experiences are what made me get into outreach. When I was 11 years old, my family immigrated to the United States from Mexico. I was part of a migrant farm family that traveled every year from San Luis, Mexico, to Arizona and California. I started working full time in agriculture when I was 13 years old and worked in the fields until I was 24.

When I was 24, my husband, also a farm worker, died at the age of 26. I had two children, one of whom was only three weeks old; the other was three years. I was pregnant throughout my husband's sickness. During the seven months of his illness, I never had to apply for social assistance; his coworkers supported us by contributing a couple of dollars a week, by having benefit raffles, or by doing whatever they could think of to help. During our hardship, my husband and I felt very lucky for the support of our community.

After my husband died, I had to face my reality and make some tough decisions. I could still feel the anguish and pain that we went

through when he was hospitalized. Not being able to communicate well with the medical personnel made us feel so vulnerable and scared. Sometimes we were terrified. I felt that I didn't want to continue living.

Thanks to God and my family, I was able to survive and make some good decisions, like going back to school to get an education. I felt that was the only way I could give my children a better life. After I made that decision, I began another journey of struggles. I had not been in school for 11 years, had not completed elementary school, and could not speak the language. It wasn't easy at all, but I wanted so much to do something different with my life. I felt I owed it to my children to keep fighting, so I did.

It took me a good couple of years of intensive education and training. I honestly don't think I would have been able to do it without my mother and sisters. I was able to learn basic English, obtain my GED, and then fulfill one of my dreams—to get a job out of the fields.

My first job was as a receptionist with the WIC program. That's when my career as an outreach worker started. From the beginning, I've always tried to develop a strong relationship with my clients, a relationship of friendship rather than worker-client. I always tried to serve them in a special way—with respect, understanding, empathy, and compassion, just as I wish I had been treated.

One thing I always have in mind when I serve a new client is that the education I am providing is not just to improve her present health, but to leave a legacy of good health for future generations. I always say, "We are poor, and we don't have any money to leave to our children. The least we can do is make it so our children inherit good health and a healthy lifestyle."

REACHING UP: HOW TO MENTOR OUTREACH WORKERS THROUGH TRAINING AND SUPERVISION

Community outreach programs are only as good as their recruitment, training, and supervision. These key elements determine the quality and performance of each outreach worker, the outreach worker program overall, and the health and well-being of the entire organization. Recruiting, training, and supervising community outreach workers brings many challenges. Outreach work involves coping with stress and avoiding burnout, dealing with diverse cultural concerns, and balancing work and family responsibilities. Laced throughout the lessons and strategies presented in this chapter are the overarching themes of teamwork and shared vision—through which many of the challenges can be met and a strong organization built.

In order to provide a clearer definition of outreach workers' roles and training, the National Community Health Advisor Survey is collecting data from outreach programs throughout the country. Survey data will help build consensus on the definitions and functions of outreach work and will help policymakers as well as outreach programs to become better informed.

Policymakers are paying increasing attention to outreach work through the proposed Community Health Advisor Act, introduced in the 104th Congress by Representative Bernard Sanders (I, Vermont). If passed, this legislation would codify the value and functions of outreach worker programs, including requirements that outreach workers be members of the community, selected by the community, and answerable to the community. The bill also defines training needs and requirements—ways to promote effective outreach.

To be effective in reaching others, outreach workers need opportunities to achieve their own goals, both personal and professional. This chapter presents suggestions to help outreach workers as they reach up toward their goals. The chapter discusses:

- How to define the roles of outreach workers
- How to recruit outreach workers
- How to train community outreach workers
- How to improve supervision of outreach workers
- How to develop networks and support groups to enhance communication for outreach workers

Preceding each of these topics is a "Tips Sheet," a guide to the information contained in the subsequent section. It can be photocopied for use in day-to-day work or in training programs.

How to Define the Roles of Outreach Workers

TIPS FOR UNDERSTANDING THE ROLES OF OUTREACH WORKERS

Recognize that outreach workers fulfill diverse roles

Recruit outreach workers from the community

- Outreach workers who are accepted in the community have more success in finding and enrolling clients
- Employment opportunities for community members lead to community stability and economic growth

Find cases in a variety of places

- Door-to-door canvassing
- Street or local canvassing (e.g., laundromats, corner stores, check-cashing locations, churches, shelters, playgrounds, schools, WIC offices)
- Community activities such as church events or health fairs
- Telephone contacts through referrals from hospitals or clinics
- Mobile services such as vans

Know the basic qualifications required for your program's outreach workers

- Basic level of literacy or education
- Community residence and/or knowledge of the community
- Previous experience working in the community

Know the level of involvement required for outreach workers in your program

How to Define the Roles of Outreach Workers

Recognize that outreach workers fulfill diverse roles

One principal feature of the federally funded Healthy Start Initiative involves efforts to reduce barriers to prenatal care through the use of outreach services. In most of the Healthy Start project sites, these efforts are accomplished by community outreach workers, who locate, recruit, and motivate women to obtain prenatal care services.

A survey of 14 Healthy Start projects found that outreach workers fulfill a variety of roles. (See Simon D, Raykovich KT. 1995. *The Role of Outreach Workers in the Healthy Start Program*. Rockville MD: Health Resources and Services Administration, Office of Planning, Evaluation and Legislation.) Although outreach workers in Healthy Start focus primarily on bringing women into prenatal care, the diversity of case-finding and social support services provided by outreach workers was noted. Projects were asked: why they employed community residents as outreach workers; where outreach workers located clients; what were the basic qualifications for outreach workers; and what were the responsibilities of outreach workers. The study also reported on the types of educational and job benefits available to outreach workers in Healthy Start.

The Healthy Start survey answered some crucial questions related to defining roles and recruiting and training of outreach workers. Agencies can learn more about their outreach programs by looking at their own program needs and requirements.

Recruit outreach workers from the community

Healthy Start projects reported that choosing community residents as outreach workers offers significant benefits:

- The outreach workers are accepted in the community and have more success in finding and enrolling clients
- Employment opportunities for community members contribute to community stability and economic growth

Find cases in a variety of places

Outreach workers in Healthy Start locate clients using a variety of methods, including:

- Door-to-door canvassing

- Local canvassing (e.g., laundromats, corner stores, check-cashing locations, churches, shelters, playgrounds, schools, WIC offices)
- Community activities, such as church events or health fairs
- Telephone contacts through referrals from hospitals or clinics
- Mobile services such as vans

Know the basic qualifications for the program's outreach workers

In Healthy Start, requirements for employment as an outreach worker include:

- Basic level of literacy or education
- Community residence and/or knowledge of the community
- Previous experience working in the local community

Some projects also require:

- Available transportation
- Driver's license and car
- Flexibility in work hours, including evenings
- Experience rearing children or working with them
- Ability to communicate and to be a team player

Know the level of involvement required of outreach workers in the program

Once a client is recruited by the outreach worker, the responsibility for follow-up may rest with the outreach worker, a case manager, or a lay home visitor. A team approach also may be used. Outreach workers play an important role in keeping clients in services. The survey of Healthy Start sites found that "outreach workers can play an important role in this because many times they provide the social support and encouragement that the client needs."

At the National Forum for Community Perinatal Outreach Workers, held October 1995, outreach workers defined their four most essential roles:

- Inspirational educators
- Systems navigators
- Comadres—partners with clients
- Advocates

Through their diverse roles, outreach workers form vital links between communities and programs.

How to Recruit Outreach Workers

TIPS FOR RECRUITING OUTREACH WORKERS

Look for candidates whose qualities are compatible with the program's needs

- Know what qualities and resources are needed to be a successful outreach worker
- Look for experience, abilities, and traits that match the program's needs
- Don't overlook the physical resources required

Interview prospective applicants thoroughly

- Conduct research before the first interview
- Ask open-ended questions to determine the candidates' attitudes and abilities
- Follow up by writing down your impressions and informing all applicants of your decisions
- Provide written descriptions with job expectations

Seek out potential community outreach workers

- Recruit in neighborhoods, among current and past clients, and through agencies that do similar work
- Advertise through community newspapers and bulletin boards

How to Recruit Outreach Workers

"Recruiting the right employees will make or break what happens with your programs in your communities."

— Linda Cook, University of Florida Cooperative Extension, Gainesville, Florida

Community outreach work is a unique occupation that requires special skills related to working with people, helping with their problems, and knowing how to work within the resources and constraints of the community and service systems. Finding good candidates for community outreach worker positions is a critical first step, one that requires a strong recruitment process. The following recommendations for outreach workers and their programs can help set the framework for a strong recruitment strategy.

Look for candidates whose qualities are compatible with the program's needs

- Personal experience within the community so that the person can speak the language, relate to the population, show empathy, and talk with people rather than at them.
- The ability to keep necessary records and reports, and adapt to changing reporting and recording systems (a major part of outreach work).
- The ability to read and understand the materials that will be used in outreach — including an understanding of other languages, if needed.
- Flexibility to accept directions and suggestions.
- Openness to new ideas. In some areas such as nutrition, teaching guidelines and messages may change over time, and outreach workers must keep pace.
- Acceptance of people with different values. All of us live according to personal values, but the role of outreach workers is to educate, not to impose their own values on others.
- Energy and a positive view of the work and the organization.
- Experience with the challenges of balancing work and family responsibilities.
- Access to a telephone and transportation. An automobile, valid driver's license, and insurance may be required by some programs, depending on the target area served.

- The ability to keep up with the physical demands of outreach work, such as climbing flights of stairs or braving inclement weather.

Interview prospective applicants thoroughly

Before the first one-on-one interview

- Use a screening tool. Develop a written application form. Even a one-page form can help interviewers eliminate unqualified applicants before setting up an interview. Some employment and training programs screen applicants before referring them for an interview.
- Check applicants' references before the first interview. This can reveal a lot about their reliability, personality, and abilities. Make sure to check more than one reference.
- Conduct group presentations for prospective applicants. Ask current outreach workers and other staff to explain the job, the program, and the organization. This will minimize the time spent with applicants who do not understand the work and its mission.
- Develop and hand out a clear statement detailing the responsibilities and expectations of the job.

During the interview

- Find out how the applicant feels about the type of clients served by the program, such as pregnant teens or low-income families. Does the prospective candidate, for example, use terms such as "those people"?
- Ask information-gathering questions to help assess the applicant's:
  - Ability to grasp information and relate to others
  - Conversational style and ability
  - Communication and listening skills
  - Attitude about learning
  - Judgment
  - Enthusiasm
  - Interest
- Ask open-ended questions such as, "Why do you want this position?" or "Why should I hire you for this position?"
- Use applied questions and role-playing. For example, pose a situation

and ask candidates to write down how they would respond or work with the situation.

After the interview

- Write down and summarize personal impressions about the applicant immediately after the interview, while still fresh.
- Give every applicant the courtesy of an answer.

Seek out potential community outreach workers

Where to look for candidates

- In the neighborhoods being targeted for services. Many of the strongest candidates will be those with previous community experience and connections.
- Among current and past clients. Some of the best employees will have come through the system and thus know the programs from the inside.
- In places that clients frequent, such as laundromats, barber shops, grocery stores.
- Through agencies that serve the target population. WIC programs, food stamp programs, and health services and other service-oriented programs can be very helpful in identifying potential community outreach workers.

Where to advertise for candidates

- In newspapers. Advertise through local papers and flyers distributed free of charge in the community. Avoid expensive city papers, which most prospective employees don't buy.
- Through job training, adult education, and human services programs. Many have bulletin boards or other job listings services.
- In the community. Use church bulletins and bulletin boards in laundromats, supermarkets, and other public places.

Outreach workers themselves are often the best recruiters for new employees—finding new outreach workers is just another form of outreach, using the same knowledge and skills. Outreach workers and their programs can work together to build strong teams with new employees.

TIPS FOR TRAINING COMMUNITY OUTREACH WORKERS

Maximize learning styles

- Use an interactive training style and model interdependent learning
- Be flexible
- Use humor and have fun
- Build on strengths

Use experiential learning to maximize potential

- Guide trainees through the experiential cycle
- Focus on performance

Use experienced outreach workers—they make the best trainers

- Remember that community outreach requires skills that are not taught in school, but must be learned through experience

Recognize that training must flow both ways

- Remember that all of us are both learners and teachers
- Practice mutual respect
- Appreciate individual commonalities and differences
- Be willing to listen to one another
- Respect confidentiality
- Recognize the importance of maintaining a sense of humor

Include training in cultural competence and sensitivity

- Incorporate training that helps outreach workers be true to themselves while respecting others' differences

Make the training program relevant to outreach

- Ensure that training remains community based
- Use experienced outreach workers as trainers
- Provide on-the-job training opportunities

Focus on core skills and knowledge during training

Be mindful that training is only one way to learn

How to Train Community Outreach Workers

"If you don't know where you're going, any road will get you there."

—Outreach Worker

Training is like a journey. The trainees need to know where they are and where they are going. They need to find an effective way to get there, which may mean asking for directions along the way. They need to evaluate their route to see if they are getting closer to the destination. And when they get there, they need to celebrate.

Teach people how to learn

Community outreach worker training cannot follow just any path, however. To be effective, training needs to be tailored to adults and their learning styles. Many adult education programs rely on lectures in classroom settings. This method is more effective for some than for others. While some people remember information that is told to them, others learn better when information is presented in written form or through hands-on experience. Thus, the best way to maximize a group's learning potential is to use a mixture of oral, written, and active teaching styles.

Maximize learning styles

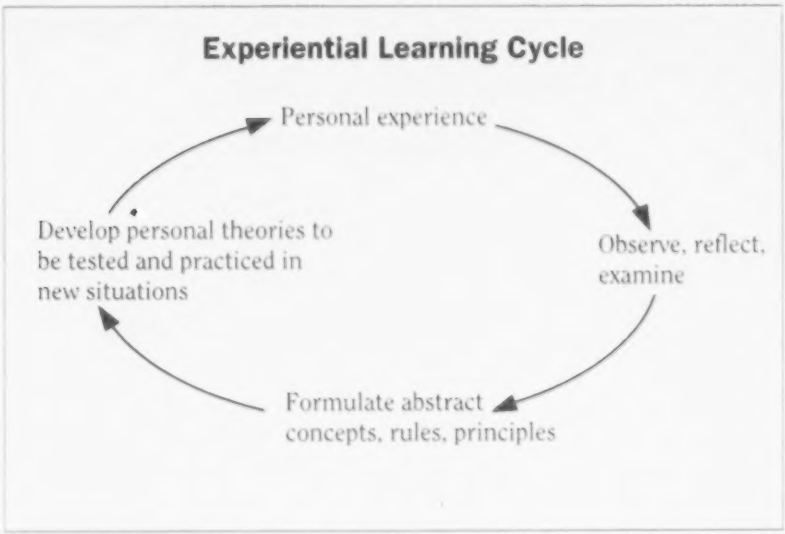
There are three learning methods:

1. Dependent. The group depends on one individual to transmit all the information. This style puts a great deal of pressure on the person in charge, and does not leave room for input and collaboration.
2. Independent. Each person figures out the problem or learns the information individually. Again, there is no room for collaboration.
3. Interdependent. This method requires interaction; everyone learns together and works collaboratively.

The interdependent learning method repeatedly has been shown to be a faster, more effective way of learning. It is particularly suited for community outreach worker trainees, because it offers room to take advantage of the knowledge and experiences that trainees bring with them. It also provides a good model for community outreach, where workers need to be interactive and responsive and avoid imposing their advice as experts.

Use experiential learning to maximize potential

People remember only some portion of what they are taught, so it is important to use methods that maximize the learning potential of each participant. Adults learn more when they associate an experience with the lesson and see a connection with something they think is significant. This is only the first step in maximizing learning potential. Once the information is presented, it is important to follow through by asking participants to practice what they have learned, to identify what the experience has taught them, and to help them continue to apply this information. Those lessons are then folded into the training process to form a continuum. This process, the experiential learning cycle, is illustrated below.


Experiential Learning Cycle
Personal experience
Observe, reflect, examine
Formulate abstract concepts, rules, principles
Develop personal theories to be tested and practiced in new situations

Use experienced outreach workers—they make the best trainers

Community outreach work requires skills, including knowledge and understanding of the community, that are not typically taught in school, but must be learned through experience. Many of the skills are personal skills best learned through life experience and fine-tuned through mentoring and training—skills such as the ability to communicate, to respect others, and to approach them in a nonjudgmental way.

Many of the best community outreach worker trainers are not those with the longest training experience nor those with the most education, but, rather, those with the most outreach experience and the ability to pass on the lessons of their experience to others.

Effective community outreach worker training programs must include three key elements: two-way training, cultural competence, and relevance to the work of outreach.

Recognize that training must flow both ways

The training journey is dotted with lessons of its own. Many of those lessons will come from the trainees themselves. An effective adult learning model recognizes that the trainees already know a great deal, so both the trainer and the trainee have much to learn from one another. The training style must remain participatory and follow some ground rules:

- Mutual respect. Even when people disagree, they need to feel that they are in a safe environment and can work through conflict together.
- Appreciation of each other's commonalities and differences.
- Willingness to listen to one another.
- Respect for confidentiality (i.e., what is said within the group will not travel beyond it).
- Recognition of the importance of maintaining a sense of humor.

"Our philosophy is: 'Each one, teach one.' There are no big 'I's' and little 'you's' in our training classes. We learn from each other."

— Bahati Jackson, East Bay Perinatal Council, Oakland, California

Include training in cultural competence and sensitivity

"Even if you have grown up in a community, there are parts of it that you don't know. We found that when we taught cultural awareness and sensitivity, it helped overcome problems of racism."

— Outreach Worker

In community outreach work, culture is a particularly sensitive issue, because of the need to build trust and mutual respect with clients, and the risk of offending people without realizing it. Building a knowledge and understanding of different cultural norms takes time, training, and experience. It also requires an openness to learning about cultural differences from commu-

nity members, trainers, and trainees. Often, the best way to learn about cultural differences in individual communities is to be part of the community and befriend people there. (Cultural competence issues are discussed in more detail in Chapter 1.)

> *"We design cultural competence classes based on input from community members. We invite them as experts whose help we need to make our classes work."*
>
> — Outreach Worker

One of the interesting dilemmas of cultural competence training is the challenge to help trainees respect others and yet remain true to self. While no perfect model for cultural competence exists, those outreach workers who are sensitive to others continue to learn and to correct their mistakes.

Make the training program relevant to outreach

Outreach worker training is currently very popular. As outreach programs gain appreciation for the effectiveness of training, the demand for training increases. Along with this increased interest and demand is a movement to make such training a permanent part of outreach worker programs. In some respects, this presents a window of opportunity for funding and training possibilities. On the other hand, as programs become an established part of a formal training system such as community colleges or other institutions, they may lose touch with the community.

Programs for community outreach workers must have community outreach workers as trainers in order to remain relevant. In Oakland, California, for example, the East Bay Perinatal Council mentors outreach workers from the community to help them become trainers. This helps maintain the community focus and ensures that what the trainers are teaching remains relevant for outreach worker trainees. These trainers also continually transmit information learned from students in one training session to those in other sessions. The program also provides on-the-job training opportunities for community outreach worker trainees and has successfully placed 80 percent of its more than 200 trainees in outreach worker positions.

Focus on core skills and knowledge

The amount of information that can be learned about outreach work, cultural competence, and community experience is almost limitless. The East Bay Perinatal Council divides course material into three areas: must know,

EARL ZUBKOFF

should know, and nice to know. The amount of information the training covers is determined by the amount of time and information available for each training class.

Be mindful that training is only one way to learn

The desire and opportunities for learning go well beyond the training program. Increasingly, community outreach workers are forming networks and gathering at meetings to share information about job openings, training, and better ways to assist their clients.

How to Improve Supervision of Outreach Workers

TIPS FOR SUCCESSFUL SUPERVISION

Manage things, lead people

- Provide vision to motivate and encourage others.

Set clear expectations and boundaries

- Develop a written form that details specific performance expectations.

Help supervisors understand outreach work

- Learn and teach about each other's worlds.

Make changes that improve morale

- Listen to concerns, assess your ability to make change, and plan together.

Be more than a supervisor, be a mentor

- Use "and" and "so" instead of "but." (Compare "You handled that well and I have some suggestions" to "You handled that well but I have some suggestions.")
- Provide opportunities for outreach workers to move up within the program and after the program.

Recognize that the program is a team effort

- Remember that outstanding outreach workers are led by outstanding supervisors. Make a commitment to develop your supervisory skills: observation, listening, appraisal, and counseling.

Establish a foundation of trust to open the door to communication

- Avoid the "A" words: assume, attitude, ASAP

Establish good relationships through cooperation, sharing, and support

- Remember that respect must be earned; it cannot be demanded

How to Improve Supervision of Outreach Workers

Outreach workers help clients get needed services, and they help clients change their lives and the lives of their families. To be effective, however, outreach workers and their supervisors must work closely together—for they have much to learn from each other.

"Remember, adults are influenced by people they admire. If you lead instead of manage, people will follow."

— Susan S. Baker, North Carolina Cooperative Extension Service, Raleigh, North Carolina

Manage things, lead people

Effective supervisors provide direction and guidance, rather than critically watching staff. Supervisors need to clearly inform staff about where the program is going, how it is going to get there, and why.

Successful supervisors

- Reward good work
- Evaluate performance according to clear expectations
- Develop a team
- Initiate and encourage communication
- Improve motivation by
  - sharing decision-making responsibilities
  - providing opportunities for personal growth
  - recognizing accomplishments
  - providing opportunities for increased responsibility or special tasks
- Empower staff by
  - showing respect for outreach workers' past experiences
  - involving outreach workers in program planning and goal setting
  - reinforcing current positive practices

Supervisors must set clear expectations and boundaries

From their first day of employment, outreach workers need a clear idea of their own work role and their supervisor's expectations. One method is to develop a written form that details specific performance expectations: case

load, number of home visits per week or per family, length of home visit, elements of home visit, and expectations about paperwork, data gathering, reporting, and other duties.

Limitations must be clearly understood. Supervisors and outreach workers both need to be clear about what outreach workers do (and don't do). For example, outreach workers are not trained as health care professionals and thus would not perform certain interventions. It is very helpful to write down their roles and responsibilities, not only to provide clarity for the staff and supervisor, but also to clarify the roles and limits of outreach workers in relation to the hospitals, clinics, and health care providers with whom they interact.

> *"Community health workers are the backbone—we support our clients and give them life skills and job skills. We help women take charge of their lives. We help women deliver healthy babies."*
>
> — Ramona Woodruff-Benson, Homeless and Perinatal Program, San Francisco, California

Outreach workers can help supervisors understand outreach work

> *"My supervisor doesn't understand what I do and its importance. She's never been where I go."*
>
> — Outreach Worker

Diversity—which can involve differences in status, culture, background, training, or experiences—carries the potential for conflict. To develop a better understanding of these differences, it is important to create links. For example, if the supervisor's background is more academic than service oriented, outreach workers might bring in articles about outreach to share with their supervisor. Outreach workers need to take some responsibility for encouraging supervisors to get to know the community and helping them feel more comfortable there. In-service training in cultural and other types of diversity are also important to develop greater understanding.

Supervisors can make changes that improve morale

Supervisors can do an LAP (Listen, Assess, Plan), using the following three steps to turn around the atmosphere of a troubled program:

L=Listen—Actively hear the concerns and problems of outreach workers. Hear what they have to say and listen to their feelings, rather than relying only on what others have said.

A=Assess—Figure out which promises can be made and keep them.

P=Plan—Make plans based on an assessment and involve outreach workers in the planning and implementation.

Remember that supervisors can't always reach top management, but they can be advocates and can sometimes win battles for salary increases, merit pay, better conditions, or more recognition for outreach workers.

Be more than a supervisor, be a mentor

"Our program has a definite end. I feel responsible to prepare them to move forward at the end of the program."

— Phyllis Burton-Scott, Cleveland Neighborhood Health Services

Creating opportunities for outreach workers to advance within the program also nurtures their careers. One project, for example, created a new recruitment specialist position, then promoted an outreach worker to fill the position, which offered higher pay and full-time employment.

Remember that the program is a team

Both outreach workers and program staff are indispensable members of the same team, and all face challenges at work every day. It's important to avoid the "us" and "them" mentality. Create opportunities to talk about work challenges together and to learn from each other. Make time to listen to each staff person.

For both outreach workers and supervisor, that means

- Being open to constructive criticism
- Being objective, with no favoritism
- Following through on promises and recommendations

Establish trusting relationships through communicating, listening, and involving

"Community health workers look to me as a role model. They, in turn, are role models for the clients we serve. Among our large multicultural staff, I discovered that our Latino and African-American community health workers didn't know each other's cultures. I've encouraged them to meet together and talk to each other so they can understand and appreciate each other's differences, and therefore better serve our diverse clientele."

— Ramona Woodruff-Benson, Homeless Prenatal Program, San Francisco, California

Successful supervisors initiate clear and consistent communication concerning

- Personnel policies and procedures—including any changes
- Information about new developments affecting the program or organization
- Instructions for program implementation
- Procedures for program reporting and any changes in those procedures
- Evaluations of employee performance
- Employee's role and scope of work in relation to the organization's mission

Action Steps

- Include outreach workers in planning. For example, gather their input regarding staffing needs and responsibilities before any decisions are made.
- Organize a health fair. Work together, and involve all staff in the planning and activities.
- Hold individual supervisory conferences. Talk together about what works and what doesn't; discuss what supervisors, staff, and outreach workers can do better, and how they can help each other.
- Hold monthly meetings about issues and concerns from the field and the office.
- Hold monthly organization-wide meetings to let staff share lessons across projects.
- As supervisors, offer regular presentations that include information on the administration of the program.
- Develop tools to ensure clear communication. Test them, make sure they work, and improve them based on experience. Examples include service logs and evaluation forms.
- Celebrate! Organize staff recognition events and activities regularly. Recognize accomplishments, both large and small.

"I've been an outreach worker for five years and a supervisor for five months. It is a challenge every day. Every day is different, but the issues are the same as when I was an outreach worker. I'm learning with the outreach workers."

— Sulema Elizondo, Milwaukee Healthy Women and Infants Project, Milwaukee, Wisconsin

Much of what drives outreach workers to do the hard work they do is a desire to give back to their community what they received from it. Similarly, good communication and a strong relationship between supervisor and outreach worker allow both to give and take, to continue to learn, and to provide the best possible services for their clients. The payoff for working together is enormous. It serves as a reminder that good communication brings continued trust, respect, and learning.

How to Develop Networks and Support Groups: Communication for Outreach Workers

TIPS FOR DEVELOPING SUPPORT NETWORKS FOR OUTREACH WORKERS

Recognize the many reasons for forming or joining a network

- Provide support for outreach workers
- Manage stress
- Share resources
- Provide peer perspectives

Identify the main goal (but realize that networks can have a number of goals)

- Pull outreach workers together—this is the overarching goal, though individual focus may differ

Know these seven steps for creating a successful outreach worker support group

1. Get backing
2. Identify members/agencies with a potential interest
3. Contact potential members
4. Form a core group
5. Set goals, agenda, and schedule
6. Make calls and send mailings
7. Hold meetings

Find goals and activities that suit your community

- Choose discussion formats that match the goals
- Invite participants who can help meet the goals

How to Develop Networks and Support Groups: Communication for Outreach Workers

> *"Network with other community health workers; they are wonderful sources of information. It's nice to organize and support one another, because we know we don't always get that support from our agencies. We also need to meet with each other to say, 'Hey, that client is really getting on my nerves,' or 'Hey, do you remember when that client tried to get two turkeys out of me at Thanksgiving?' You know another community health worker is going to know what you're talking about and be able to validate you and your experiences."*
>
> —Yvonne Lacey, Berkeley Department of Health and Human Services, Berkeley, California

Outreach workers, like many other health professionals, need to share ideas, get information, find out what's new in the field, and share frustrations with fellow outreach professionals (while maintaining clients' confidentiality). Increasingly, outreach workers are forming or joining networks and support groups to enrich themselves, professionally and personally. Networking and support groups offer opportunities to improve skills, organize, coordinate, and communicate. But equally important is the opportunity these groups provide to recognize the work accomplished by outreach workers.

Outreach workers can become more empowered through support groups and communication networks. They gain more knowledge, acquire new skills, feel less stress, and are able to work more efficiently. The benefits of these groups, however, reach well beyond the individual outreach worker. The supervisor gains an even more valuable worker, the clients are more empowered because the outreach worker is more empowered, and the community is better informed and ultimately healthier.

Recognize the many reasons for forming or joining a network

- Helping to support outreach workers in their various roles as parent, worker, supporter, etc.
- Creating a place where outreach workers can open up, talk safely, and feel supported
- Having a place to celebrate successes, release stress, discuss solutions,

and accept barriers

- Helping each other and sharing resources
- Addressing fears and concerns about going out in the field
- Gaining the perspective provided by peers

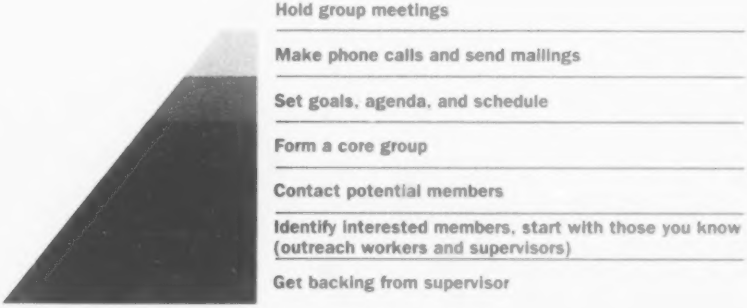
Identify the network's main goal but realize that networks can have a number of goals

Networks may be informal gatherings or groups, or they may be formal networks, consortia, or coalitions. Networks serve many functions:

- General information sharing
- Specific information sharing and service coordination to avoid duplicating efforts
- A forum for conflict resolution between people or organizations
- A forum for professional education and development through workshops, meetings, and information sharing
- A forum for monitoring and reviewing health trends, services, strategies, and qualifications
- A mechanism for organizing groups to advocate for their members and to promote changes (e.g., better salaries for outreach workers)

Know these seven steps for creating a successful outreach worker support group

Unfortunately, when trying to form support groups, many outreach workers find themselves "reinventing the wheel"—all by themselves. Try the following seven steps to create an effective support group. Start at the base of the pyramid and work up to the top, step by step:


Hold group meetings
Make phone calls and send mailings
Set goals, agenda, and schedule
Form a core group
Contact potential members
Identify interested members, start with those you know (outreach workers and supervisors)
Get backing from supervisor

Step 1. Get backing

It's essential to enlist the supervisors' support and to give outreach workers the time and freedom to organize the group.

Step 2. Identify interested members

Start with those you know, sell the idea to them. Sometimes, the best place to start is with the supervisor and contacts—and build from there. Be supportive, not competitive.

Step 3. Contact potential members

Get the word out that a group is being formed. Contact local organizations and networks (Healthy Mothers, Healthy Babies, health department, hospital outreach department, community organizations, etc.). Sometimes, it's necessary to reach higher than the local level—outreach exists in many places.

Step 4. Form a core group

Pull together a core group of people to talk about what needs to be done. The group should consist of 4 to 5 people, not 50.

Step 5. Set goals, agenda, and schedule

For example, the primary goal of the Essex County Outreach Worker's Support Group is to improve the effectiveness of outreach programs by strengthening and improving the skills and focus of outreach workers.

- Schedule a regular meeting place and time, and be sure there's ample parking and transportation (many outreach workers aren't reimbursed for these expenses).
- Set the agenda. Start with introductions, affiliations, populations served.

Step 6. Make phone calls and send mailings

The more stability that can be built into a project, the more likely the supervisor will support it.

- Create flyers with a long life (include a 4- to 6-month calendar with dates, times, and location of group meetings). Advertise through community settings, local media, public radio, and word of mouth.

Step 7. Hold meetings

- Share information like places to get food, car seats, transportation passes. Discuss barriers and solutions.
- Share knowledge of upcoming events scheduled at various facilities.
- If possible, involve a social worker as a volunteer to talk about issues such as burnout and problem solving. A professional counselor brings validity to the group.
- Respect confidentiality both of other outreach workers and of clients. What's said in the room stays in the room. Outreach workers need to feel safe.

Once the group is established and comfortable, add in these components:

- Build in an educational component at the monthly meeting (topics such as managed care, stress reduction).
- Host an event (e.g., health information fair, mass canvassing, meeting to share information with other facilities).
- Sponsor a "supervisors day." Put together a mock meeting focusing on barriers and solutions (with a preselected topic), so supervisors can feel confident that the work time they are allowing for employees to participate is time well spent.
- Hold a breakfast and invite those who don't normally come—talk about the mission.
- Hold recreational events.

Find goals and activities that suit the community

There are many different styles of groups and discussion. Support groups may include outreach workers only, or they may be a mixture of outreach workers, other staff and professionals, and clients. Some support groups are more focused around the clients, but include outreach workers to encourage the clients to attend and participate. Find the style that works best for the community.

Participation in the group discussion should be voluntary. Participants should not feel pressured to join in, but should feel free to speak up when they are ready. It is a good idea to start with some ground rules (e.g., each person is allowed to speak but may not interrupt; things said will be kept confidential by the group; limit comments to no more than four minutes, etc.).

There are several ways to structure the discussion in a support group:

- ***Open discussion.*** There is no planned topic of discussion or style. Sometimes, even when there is structured discussion, the group will leave time for open discussion at the conclusion.
- ***Discussion note cards.*** This is a way to launch discussion based on set questions. Each person receives and discusses a card with a question related to the topic of the day.
- ***Presentation and discussion.*** Open discussion follows a short presentation on a specific topic (e.g., safety, stress, etc.). Provide handouts.
- ***Main topic with specific groups discussion questions.*** Everyone in the group answers the same two or three focus questions, posted on a board or flip chart.
- ***Meditation and activity or discussion.*** Someone opens the discussion by reading a reflective or inspirational piece of writing. Discussion follows reflection.
- ***Role play exercises.*** This works well when it follows a brief presentation of new ideas (e.g., looking at different communication styles). Each member plays a role to get a feel for the points brought out in the presentation.

Who is included in an outreach worker network?

- Outreach workers. Remember, they have many different titles such as resource mother, doula, natural caregiver, peer heath advisor, health visitor, promotora.
- Representatives from hospitals, community-based organizations, schools, consumers, male-involvement groups, local business, and government.
- Anyone else with an interest in maternal, child, and family health issues.

No matter what the format or topic, meeting together with a group of peers is a powerful way to seek support, solve problems, and improve skills by building relationships.

ALWAYS REACHING: COMMUNITY VOICES

Angelina Borbón, National Community Health Advisor Study, San Francisco, CA

On Being Responsible

"In the English language, people who are not responsible are described as irresponsible. There are no other options. But responsibility is a dynamic process, and people experience different levels of ability to respond. When someone opens the door, lets you enter, and waits to see what you do ... not telling you what to do ... the opportunity for a mentoring relationships that is based on two-way learning is created. Each person's ability to respond increases. Each person feels responsible for their own behavior.

Building healthy team relationships requires knowing the difference between being responsible *for* others and being responsible *to* others. Sometimes when we feel responsible *for* others, as they talk to us we end up wanting to protect and rescue them. We try to identify the problem so that we can fix it for them, and we end up controlling the situation, carrying their feelings, and not really listening to what they are saying or helping them discover what they might want to do.

On the other hand, when we feel responsible *to* someone, we show empathy, not sympathy. Empathy requires that we really listen to what someone is saying to us. We encourage them instead of wanting to protect them. We share instead of rescuing, and we confront ourselves and the issues instead of trying to control the situation or the other person's behavior. When we are being responsible *to* someone whose behavior concerns us, we tell them what we think about their behavior and express our concerns. However, when we feel responsible *for* them, we manipulate the situation so that they no longer do whatever was of concern to us. Do you hear the difference?

Sometimes it is uncomfortable to identify the source of our concerns, so we manipulate the circumstances so that we avoid conflict. For example, I interviewed an outreach supervisor who told me that she did

not have any objection to the outreach workers going to the regional policy meetings to represent their program. However, she did not change her work expectations to accommodate the time spent at the meeting. Instead she gave them several important cases that needed to be done that day. So, the outreach workers "decided" not to attend the meeting. The supervisor later told me that she was very concerned that the outreach workers might embarrass themselves because they didn't really understand the program. She had manipulated the situation to protect them because she felt responsible for them.

Feeling responsible for others creates a burden. We might say things to ourselves like: I am responsible for this program and the health of the community. I am responsible for 12 outreach workers. We are not responsible for others. We are only responsible for our own behavior. We are responsible to ourselves, to each other, and to our communities. The future health of our nation depends upon us learning the difference, so that we can listen to each other, teach each other, and learn how to work together."

REACHING ACROSS: HOW TO BUILD PARTNERSHIPS WITH OTHER ORGANIZATIONS

The essence of outreach work calls the community and its organizations to work together. This involves not only other community-based programs, but also those organizations (including managed care organizations) that can provide resources to outreach programs. This chapter presents the lessons that outreach workers and their programs have learned as they reach across communities and resources. This chapter discusses:

- How to build and maintain bridges between outreach programs and other community resources
- How to work together toward sustaining outreach programs
- How to work with managed care organizations
- How to work with policymakers

Preceding each of these topics is a "Tips Sheet," a guide to the information contained in the subsequent section. It can be photocopied for use in day-to-day work or in training programs.

How to Build and Maintain Bridges between Outreach Programs and Other Community Resources

TIPS FOR BUILDING BRIDGES IN THE COMMUNITY

Unite with other community members and organizations

- Focus on shared goals and agendas

Overcome barriers to collaboration

- Become informed about the work of other agencies and share information about your own agency before starting to work together
- Focus on "quality of service" and avoid getting caught up in "numbers served"
- Respect everyone's input without letting conflict stymie the group
- Be real, and meet the needs of the other coalition members
- Help make positive change happen
- Find creative solutions to ease the stress of "one more meeting"

Build partnerships: A five-stage plan

- Make a commitment to collaborate—seek out diverse partners with similar goals, then bring them together to clearly define common goals
- Build trust and ownership—don't ignore the past, but look toward the future with concrete suggestions for learning about each other and planning joint activities and celebrations

- Develop a plan and make sure it addresses identified goals, has measurable outcomes, builds on past experiences, and builds relationships
- Take action—use creative staffing (including volunteers) and stay focused on shared goals
- Adapt and expand—build on what has gone before, and ensure that new efforts will continue to develop relationships and partnerships

How to Build and Maintain Bridges between Outreach Programs and Other Community Resources

Outreach workers have individual skills that can improve the well-being of the community and society. Contributing those skills is critical. Yet, outreach workers also have limits, both personal and organizational. If those limits are stretched too far, outreach efforts cannot be effective. As dedicated as outreach workers may be, as hard as they may work, no single person, program, or agency can be all things to all people. That is why it is imperative to work together with others in the community.

Outreach worker programs and other agencies and organizations serve many of the same clients—fellow human beings whose needs may be multiple. Outreach programs and other community organizations and resources are facing and trying to "face down" the same problems confronting those being served—poverty, unemployment, health care needs, and other issues.

Unite with other community members and organizations

Outreach workers, together with members of other community organizations, share:

- A passion for what they are doing and the people they serve
- A realization that there are so many of "them" (people in need, problems) and so few of "us" (people, money, time, equipment)
- A common understanding that, by combining resources instead of competing with each other, those resources will be able to reach farther
- Requirements from funding agencies that require outreach programs to collaborate with other organizations working with the same populations

"Sometimes, to build bridges you have to first tear down barriers, like on an actual construction site. You have to bring in a wrecking ball, shake the ground, mix your concrete, and build a new foundation."

— Susana Calley, MotherNet, Sterling, Virginia

Overcome barriers to collaboration

Barrier 1. Not knowing the neighbors

"We had a public health nurse who was very resistant to referring pregnant girls to our resource mothers. She did not understand our program and was afraid that the resource moms wouldn't be able to handle these hard cases."

— Outreach Worker

Programs sometimes hesitate to refer clients to other organizations or worry that those organizations might take away clients, because of a lack understanding about what their colleagues do.

Barrier 2. The numbers game

"We all compete for the count."

— Outreach Worker

Since many agencies and programs serve the same populations, organizations are under enormous pressure during this era of decreased funding to claim a maximum number of clients served. When several groups serve the same individuals, they tend to compete to claim credit (for funding purposes) for each client. As organizations get caught up in the numbers game, they risk stretching themselves too far—taking on responsibilities that go beyond their skills and resources, instead of sharing responsibility in collaboration with other groups.

Barrier 3. Too many chefs

"We are going to have to work together to survive."

— Maria Spencer, United Indian Nation, Oakland, California

If community leaders are not accustomed to working together, if they have not built a trusting relationship, it will be hard for each to share individual power, information, or resources. They may represent different cultural groups, speak different languages, or represent different skills and concerns. To work together, these individuals have to agree to meet on equal terms.

Barrier 4. Faking it

"If you don't feel it, don't fake it. People will know."

— Carole Harris-Harper, NOVA Urban League, Alexandria, Virginia

People in the community, especially young people, can read a person quickly and spot a phony. Outreach workers have to be real with the community. If not, the community will not cooperate, will not receive what they have to give.

Whether working with clients or with coalitions, outreach workers must meet them at their point of need. Seek input from the community and be prepared to give something in return. This means sharing resources, ideas, and information. Implement the good ideas suggested by community or coalition members and credit their contributions.

Barrier 5. The status quo

"There will be resistance even within your own agency."

— Susana Calley, Mother Net, Sterling, Virginia

People in power might resist the new ideas that come from collaboration. They might be worried about funding or liability, they might not have current information about what is happening in the community or what really needs to be done, or they might not know how to bring about effective change. Resistance might also come from a lack of consensus on issues among agencies, within the community, or within the outreach organization.

Within the organization, the outreach worker's responsibility is to try, and to be true to herself. If an agency request seems inappropriate, respond by saying, "I will try it, but I disagree." Explain why, and suggest a better avenue; if colleagues or managers don't listen the first time, keep trying. Provide decision makers with up-to-date information that makes an immediate impact.

Changing the status quo beyond the outreach workers' organizations may seem threatening to other programs, providers, community members, or potential clients. Work with them to build trust. Listen, share information, get to know each other's programs, and offer to share resources.

Barrier 6. Too many causes, too little time (and resources)

"There are so many of them, and so few of us."

— Outreach Worker

As organizations face shrinking funding and are asked to do more with less, it becomes increasingly difficult to ask them to take on another effort—even another meeting—that requires additional time and resources. Even individuals and organizations that are committed to forming a partnership may not be able to sponsor more than one meeting. Many people, however,

can find time to meet over breakfast or lunch. Host a brown bag meeting that doesn't require any money out of pocket. Rotate the location from one organization to another or meet on neutral terrain.

Building partnerships: A five-stage plan

Using a collaborative strategy, partners can establish common goals and can agree to use their personal and institutional power to achieve those goals. They can agree to commit resources and alter existing policies and procedures to attain measurable goals and objectives. They can accept individual and collective responsibility for outcomes. This is collaboration. If the outreach program can become a partner with just one agency, a domino effect will result, and other agencies will soon join the effort. *The following plan incorporates suggestions that both outreach workers and their program managers can use.*

Stage 1. Make a commitment to collaborate

- Seek partners with similar goals. Find those who really know the community, find the most respected and important players, and determine where key services are located.
- Get good representation and support. Remember that each agency or leader offers something different (cultural view, gender, focus on different topics).
- Get together! Pick a nonthreatening meeting spot. Meet at a neutral place, or agree to rotate meetings from one agency to another so that no one agency carries more power (or burden).
- Set basic ground rules for establishing shared leadership. Work together to secure initial support and to determine how to finance collaborative planning.
- Define common goals. Take time to think about the first or most important goal. Determine an outcome or activity (e.g., street fair, health fair, thrift shop) that will help to achieve the goal.

Stage 2. Build trust and ownership

When people are united around common goals and dedicated to the same issues, there is potential for partnership. Remember that creating a collaboration is really defining a new type of program in the community.

- Take time to clear the air, discussing any past difficulties. Take a look at the agencies involved, discuss their differences and similarities as

well as the benefits and challenges of working with each other.

- Find out what kind of services each agency provides, and what the clients can gain from each group.
- Get to know each other better in order to help overcome any mistrust and unfriendly feelings.
- Make suggestions about how others could improve their agencies or services, and listen to their suggestions, too.
- Conduct comprehensive community assessments, and share this information with other potential partners. Be creative about sharing and using outside resources.
- Hold "vision meetings" to gather insight on the participants' visions for improving their community and for achieving a better service delivery system.
- Remember that each member (including adolescents, who are often overlooked) has ownership and a stake in the outcomes of shared efforts. When people in the partnership and in the community begin to see a new distribution or sharing of resources, they begin to develop a sense of trust and ownership.
- Take time to celebrate! Daily life and work hold many demands and frustrations that can lead to burnout. Each event or small triumph deserves to be recognized.

Stage 3. Develop a plan

- Choose a common concern, such as nutrition or homelessness. Focus on an area or topic that the program or agency feels comfortable in handling.
- Design an interagency services delivery model.
- Define target outcomes.
- Use past experiences and lessons learned. Continue to troubleshoot and to analyze what works throughout the planning process.
- Continue to search for and bring in new partners who can add to existing efforts.
- Pay attention to relationships. Have conversations with other partners regularly, don't just shuffle papers back and forth.

Stage 4. Take action

- Gather a diverse pool of volunteers and collaborative members (e.g., students, retired persons, members of organizations at all levels, other community volunteers). As the program becomes known, recruiting volunteers becomes easier.
- Be inclusive, not exclusive. Many people want to work with a program that is making a difference. Be sensitive to age, race, culture, gender, disabilities, and other issues.
- Continue to respect the ground rules for leadership and responsibility. Remember that all members are there for the same reason.
- Continue to build in celebrations.

Suggested activities for building bridges

- Invite community members and agency representatives to staff meetings, advisory board meetings, staff training sessions, and other activities in order to know each other better.
- Organize regular cross-agency meetings to coordinate referral and case management with some of the outreach program's clients.
- Join coalitions. Give the gift of personal presence to one or more groups, such as a teen pregnancy prevention council or violence prevention coalition.
- Join with other agencies to plan community education activities. Joint planning helps to bridge gaps and increase visibility for the outreach workers' efforts and for their programs and organizations.
- Advocate, organize, and attend ongoing training for outreach workers. Training is empowering. Find out who needs training within the community or among the outreach workers.
- Establish an advisory board with wide representation from the community.

Stage 5. Adapt and expand

Work together to take successful existing strategies and capacities and adapt them, expand them, and replicate them throughout the community where services are needed. By doing so, partnerships will continue to develop and local leadership, staff capacity, and service delivery will be strengthened.

REACHING

How to Work Together toward Sustaining Outreach Programs

FUNDRAISING TIPS FOR SUSTAINING THE PROGRAM

Remember that private funders are diverse—investigate and be open to all options

Be mindful that private funding from foundations and corporations is different from public funding

- Know the decision-making process
- Cultivate potential funders early, before starting the proposal process
- Write the proposal in plain English
- Tailor the proposal to the grantmaker
- Continue to cultivate the relationship after the check comes

Do your homework concerning potential funders

- Conduct research, using available resources, to identify local, regional, and national groups that fund the kind of work you do
- Do your homework on the potential funders you've identified—be sure the information is current
- Ask your current funders for advice
- Submit proposals to potential funders that match their interests, that propose replicable and sustainable models, and that indicate the health of your organization
- Know the funding cycles of potential funders, and ask for their input in developing your ideas

Use a personal touch

- Develop personal relationships with funders
- Find ways to connect with funders in your community

- Treat each private funder as an individual
- Seek representatives of foundations or corporations to serve on your board in order to help foster those relationships

Use current funding and funding contacts as leverage to attract additional funding

- Do not expect to use private funders as the sole source of funding
- Ask new funding partners to help in leveraging your money
- Do not discount small sources of funding—they can be very useful

Don't simply give up when a funder says no

- Expect to be turned down at times
- Determine whether to try again, and, if feasible, do so

Be creative and flexible

- Consider in-kind contributions

Realize that it can be difficult to find funding for overhead costs

- Continually inform funders about your program expenditures to convince them to think more broadly about the types of activities they might fund
- Consider corporations as potential funders

Anticipate program needs early

- Let funders know if the program is experiencing rapid change and inform them of how that change will impact program services and organization

Choose partners carefully

How to Work Together toward Sustaining Outreach Programs

Nonprofit organizations, by nature, must rely on outside funding for survival. Groups that have relied primarily or entirely on government funding, however, will need to make the transition to private sector fundraising.

Though fundraising is an issue that concerns management or development staff within organizations, outreach workers also have much to contribute to their organization's fundraising and sustainability efforts.

- Outreach workers serve as a link to their communities. Funders who are interested in community development want to see that the organizational applicant is connected with its community.
- Outreach workers know members of the community and have established networks within the community—this is an important way to develop connections with local funders.
- Outreach worker programs can often demonstrate that they are cost-effective.
- Outreach worker programs can often engage third-party payers, such as Medicaid managed care.
- Outreach workers can stimulate ideas for new activities and programs.

Learn others' lessons to make the transition from public to private funding

Lesson 1. Private funders are diverse

- Investigate and be open to all options. Potential funders include national foundations, regional and community foundations who build coalitions, corporate donors, United Way, and faith communities.
- Concentrate on individual donors, too.
- Approach the "new" private funders. These include celebrities and specialty funders (e.g., funding for issues related to women, minorities, the environment).

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Lesson 2. Seeking funding from private sources such as foundations and corporations differs substantially from experience with public funding

- Know the decision-making process. Applications for funding from private organizations are not usually subject to a peer review process (as are federal applications). There may be only one reviewer or grant manager who presents the proposal to a board for approval. The review is more personal, yet the reviewers are diverse, with differing priorities.
- Cultivate potential funders early, before starting the proposal process. Get to know the grantmakers personally; meet with them on occasion. Invite them to your meetings, open houses, site visits, and other activities. Ask about their interests and ask for their suggestions.
- Write proposals in plain English. They should be more concise and less technical than those submitted for government grants. Avoid using jargon and define terms clearly.
- Tailor the proposal to the grantmaker's priorities. Recognize that the proposal is vying with those from many other fields.
- Continue to cultivate the relationship after the check comes. Private and public funders have different expectations. Private funders may require less reporting, but they want to hear from you. They want a thank you. They want to know how things turn out.

Lesson 3. It pays to do homework regarding potential funders

- Recognize that cultivating relationships with funders takes time. It pays to get good information about funders to determine those most likely to fund your program.
- Conduct current research to find out which local, regional, and national groups fund the kind of work you do.
- Use available resources. Numerous directories and other resources can help. Locate funders by subject, population group, type of support, geographic region of interest. Cast a broad net. (See Resources for Fundraising and Sustainability, Appendix B.)
- Do some homework regarding identified potential funders. Read their annual reports to see who—and how much—they fund. Annual

reports also give an idea of general priorities. Additionally, check the funders' sources of funding, listing of trustees and board of directors, and tax returns. Look at their grant reports.

- Ask the current funders for advice. Public funders are very interested in having the programs they are funding form public/private partnerships. Work with the current public funder(s) to convene public/private meetings and forge collaborations. Follow through with any positive contacts.
- Be aware that funding priorities change from year to year, so obtain updated information. Check by telephone to make sure the information is correct and double-check everything.
- Know the funders' priorities.
- Show the organizational health and strength of the outreach program or agency. Funders want the organization to have a diverse funding base and a track record of collaboration with the community.
- Know when to ask for funding. The windows of opportunity for private funding vary. Foundations usually have quarterly deadlines. Some funding sources have only one annual deadline. Corporations generally have more frequent deadlines throughout the year. Before the deadline for submitting the proposal, potential funders may request a short letter of interest, following broad guidelines. Funders may also request a list of board members, funding sources, and the program's budget.

- Obtain the funder's input concerning the proposal and program ideas. Before submission of the final application, many potential funders want to conduct a site visit, meeting with program staff. They may help edit the proposal. In building a relationship together, the funder might check with current funders, and look at the program's board of directors, budgets, and timelines.

Lesson 4. Use a personal touch

- Develop personal relationships with funders, using the seasoned skills for building relationships with clients and within the community. Knowing the community and being known in the community will help open doors to some funders.
- Treat each private funder as an individual, and build and maintain a personal relationship with each.
- Seek people from foundations or corporations to serve on the outreach program's or agency's board in order to help foster those relationships. Invite them to attend meetings and other activities.

Lesson 5. Use current funding and funding contacts as leverage to attract additional monies

- Do not expect private funders to be the sole source of funding. Think of them as part of the big funding picture.
- Ask these new partners to help in leveraging the program funding. They might suggest contacts that could be helpful in discussions with other potential funders, provide technical assistance, or serve as a source of good publicity and public relations for the outreach program organization.
- Do not discount the value of small amounts of funding or donations. Small funds are still helpful, and they show other funders that the program is "fundable."

Lesson 6. Don't just give up when a funder says no

- Expect to be turned down at times. Funding is very competitive.
- Don't take it personally. Do take time to cool down after a rejection.
- Use the principle of aggressive courtesy. Call the funder back and find out why the proposal was turned down; try to meet for debriefing and ask for suggestions.
- Determine whether to try again, and, if feasible, do so.

BALTIMORE HEALTHY START

Lesson 7. Be creative and flexible

- Consider in-kind contributions, ranging from technical assistance to mobile vans for transporting clients to health care services.
- Be creative, but also be specific. Give funders a wish list and include program needs for volunteer services, equipment, and other forms of in-kind assistance.

Lesson 8. Realize that it can be difficult to find funding for overhead costs

- Continue to inform funders about program expenditures to convince them to think more broadly about the types of activities they might fund. Many private funders are more interested in putting their money in specific programs rather than in overhead or administrative costs. Some will offer planning grants.
- Consider seeking funding from corporations; they are more receptive to requests for overhead funding and may lend personnel to help with planning.

Lesson 9. Anticipate program needs early

- Let current funders know if the program is experiencing rapid change and how that change will impact program services and organization. During this era of changing times—politically, financially, and socially—the sooner future needs can be identified, the better.
- Let current funders know about any funding gaps on the horizon. Some foundations and corporations will give emergency funds to current grantees to help tide them over during short funding gaps.
- Don't go in cold. Build and maintain the relationship.

Lesson 10. Choose partners carefully

- Check out potential funders with other organizations and funding resources. Some donors may have an unreliable reputation or may impose program restrictions that are unacceptable.

Building partnerships with funders requires the same skills as partnering with clients and the community, and is just as important for a program's success.

TIPS FOR WORKING WITH MANAGED CARE ORGANIZATIONS

Learn about each other's perspectives

Make the effort to communicate with managed care organizations

- Learn about their different history, terminology, and perspectives
- Find common ground
- Develop new skills, such as
  - How to communicate your program's point of view in a way that will be understood (even by those who might disagree)
  - How to manage hiring, expenditures, and budgets
  - How to choose the battles that are worth fighting

Show managed care organizations how outreach services can work for them

- Focus on customer satisfaction
- Communicate the program's perspective
- Market your experience
- Find common goals

Help clients make informed decisions

Ensure that managed care organizations respond to client needs

- Work to enable women in poverty to have a voice
- Report abuses
- Realize that health care is a business

How to Work with Managed Care Organizations

In this new landscape, one in which health services are moving into a managed care setting with a bottom-line orientation, outreach workers cannot be ostriches. This is a time when outreach workers can make an impact.

Learn about each other's perspectives

Outreach worker programs and managed care companies often approach each other from different perspectives. Just as outreach workers struggle to be aware of cultural differences among their clients, they need to learn to deal with the differences engendered by the corporate culture of managed care.

"I was used to interacting with public health people where things were run by the old girls' network. Now I had to deal with seven Chief Executive Officers (CEOs) of health maintenance organizations. It created a whole new dynamic."

— Outreach Program Manager

OUTREACH WORKER PERSPECTIVE	MANAGED CARE PERSPECTIVE
• Outreach workers work with people who may be underserved, hard to reach, at high risk, low income, and forced to face multiple health, economic, social, and practical problems on a daily basis.	• Many managed care organizations are now serving people from a variety of income levels. They face the challenge of making a single system work for a very diverse population.
• Outreach workers focus on mental health, self-esteem, personal needs, and development.	• Managed care companies focus on hospital and provider costs.
• Outreach workers have long-term experience with preventive services.	• Managed care companies think of prevention as a cost-cutting measure.
• Outreach workers come from and work with the community.	• For managed care organizations, community means their members.

Make an effort to communicate with managed care organizations

- Learn about their different history, terminology, and perspective
- Find common ground
- Develop new skills in communication, administration, and advocacy, including:
  - How to communicate the outreach program's point of view in a way that will be understood (even by those who may disagree)
  - How to manage hiring, expenditures, and budgets
  - How to choose the battles that are worth fighting
  - How to present program outcomes and cost/benefit data

Show managed care organizations how outreach services can work for them

Managed care poses serious questions to outreach workers, such as: Who benefits from your services, and who should pay for them? For survival, outreach workers need to market their skills to managed care organizations and find common ground.

Focus on customer satisfaction

Managed care companies are interested in profit. To make a profit, they must control the use of services. However, they also need to keep their customers satisfied—and this is where outreach workers can make an impact. Let managed care organizations know how outreach workers can use their positive interactions with clients to create or maintain customer satisfaction.

Communicate the outreach perspective

Outreach workers need to use what they know. They can communicate their perspectives on a number of issues, including the value of a team approach and the difficulties facing underserved populations.

Market the outreach experience

The Medicaid population is a new market for many managed care organizations. Outreach workers have knowledge and experience in working with low-income populations, and this experience is very valuable to managed care organizations.

Find common goals

Managed care organizations want to keep people out of the hospital. Explain that outreach work accomplishes that result. For example, if outreach reduces the number of low birthweight babies, that means less time in the hospital for both mother and child.

Managed care companies are starting to realize that outreach workers can help their bottom line. Since the business of the health maintenance organization (HMO) is to keep people healthy, the bottom line is actually bringing outreach workers into the health care system.

Help clients make informed decisions

Outreach workers can help clients negotiate the system. Learn "the ropes," the managed care terminology, and how to navigate. Know how each HMO works and how to guide clients through the gatekeeping system.

Ensure that managed care organizations respond to clients' needs

- Work to enable women in poverty to have a voice. Outreach workers can concentrate on becoming equal partners with managed care organizations. Become involved in policymaking, not just in service provision—get involved in the whole picture.
- Report abuses. Outreach workers have a responsibility to report abuses and to help their clients navigate the system more efficiently. Some community outreach workers are developing a report card system for HMOs to provide better accountability.
- Realize that health care is a business. Outreach workers need to bring their experience with other businesses in their lives to bear on this new environment. They need tools to help them; they don't need to get trapped in useless battles, but should use their energy to work *with* managed care.

Partnerships with managed care organizations require both parties to work to understand each other's perspectives. Outreach workers and programs with skill in building mutual understanding will improve the health care system while working toward their own sustainability.

TIPS ON WORKING WITH POLICYMAKERS

Know that community outreach workers are changing policy by

- Providing access to care
- Educating the community
- Bringing the community together

Educate your legislators

- Talk to the press, and help them become better informed
- Network with others in the community with similar policy goals, including clients
- Call and write to members of Congress and to state legislators
- Meet with your legislative representatives
- Invite your representatives to visit and go with them to meet others in the community—ask representatives to walk through their own legislative district
- Vote

Work at the state program level

- Know your state Title V director
- Review your state's Title V Block Grant Applications

Find common goals with policymakers

How to Work with Policymakers

Proposed legislation to establish the National Community Health Advisor Act would provide federal support for the important community outreach and development programs across the country. The health advisor model has provided community leaders with the tools that they need to break down the barriers that confront all of us when dealing with the health care system. This model has given the underserved a bridge to health care and has rekindled their faith that they can make the system work for them. These changes need to reach the policy level.

"I think of it as the policy soup—all the different ingredients that go into policy. We tend to think that policy is something that happens behind closed doors, but it's not. Policies begin with ideas; these are its primary ingredients. They begin with something that you discover in your work that might make a difference."

— Lee Rosenthal, National Community Health Advisor Study

Community outreach workers are changing policy

Community outreach work is a building block for a healthier America. Outreach work is about assuring that all people gain access to health care. It's about taking down barriers involving transportation, isolation, language, literacy, and culture, so they don't stand between the neighbors in the community and the health care system. The outreach worker's job is about reducing child mortality, increasing immunization levels, increasing access to prenatal care.

Outreach workers are educating communities about disease prevention, housing, environmental cleanup, and other issues that affect the health and well-being of the community. Outreach work brings together members of the community to effect change and improve the health of the overall system.

"We need to watch for the window to open and see if there is an opportunity—an opportunity to create or change a policy. As an individual you can make an impact; but collective action is what makes a difference. If each of you took that moment for just some portion of your day so that you could make sure that people know what you do as a community health advisor and why it's important to the communities you serve, it would make a difference. The important work of community health advisors will be better understood, and when the window opens, we'll be ready."

— Lee Rosenthal, National Community Health Advisor Study

Educate the legislators

Don't allow legislators to ignore outreach work. Outreach workers need congressional and state legislators not only to validate the important work of outreach, but to provide funding so that the work can be continued.

- Talk to the press, and help them become better informed.
- Network with others in your community with similar policy goals, including your clients.
- Call and write to members of Congress and state legislators.
- Meet with members of Congress and state legislators.
- Invite legislative representatives to visit and go with them to meet others in the community. Ask local representatives to walk around their own district.
- Vote!

Try these specific strategies:

- "Feed" legislators by providing information and support—invite them to lunches and committee meetings. Provide them with facts for their speeches, volunteer to help pass out pamphlets. (Money is not a prerequisite for having influence.)
- Make voter registration available on an ongoing basis—in neighborhoods, at clinics, outside grocery stores, everywhere.
- Write thank you letters to legislators—including those who vote against the outreach program's needs.
- Be visible and participate in conferences and in the community.
- Regularly send evaluations and newsletters to local legislators.
- Provide opportunities for representatives to meet staff and encourage clients to share their stories of how the program's outreach services have benefited them.
- Start letter-writing campaigns.
- Build coalitions at the state level. Remember, there is power in numbers.

"The government has noticed us, but even if they forget, we will still be here, supporting each other, taking care of each other, and feeding our communities."

— Outreach Worker

Find common goals with policymakers

Outreach workers need to make cost-effective arguments based on prevention. They need to pose questions such as: "Do we want people going to the emergency rooms when it's not necessary?" For example, 19 percent of U.S. women are entitled to get mammograms through Medicare, but only 3 percent receive this screening. Preventive services are available, but people aren't accessing them. They are afraid of the system or they don't have time. Policymakers need to hear that their funding may be wasted because they are not funding outreach programs in the communities to make sure people have access to the services. This knowledge will help policymakers share outreach goals of increased access to services.

ALWAYS REACHING: COMMUNITY VOICES

Kathryn Hall, The Sacramento Birthing Project, Sacramento, California

An outreach journey

"I started out my adult life as a high school dropout on welfare and actually lived in the Oakland bus station with a couple of kids for a couple of weeks. So for me to get from the bus station to be able to address my peers at a national conference is a giant step for me, but what's really special about it is that I know I'm the same woman that I was in the bus station. It gives me real pleasure that I can speak on behalf of that woman.

What's been really exciting about this meeting is that we've had an opportunity to struggle. We've struggled over words, we've struggled over commitment, we've struggled over ideas.

Bringing the spirit of the woman who lived in the bus station, my job is to remind us of who we are, what we're about, and why we do what we do, and that we have always had to be responsible for ourselves, to our communities, and to and for our futures. One of the reasons I'm no longer in that bus station is that there were enough people who came around at the right time and said, 'I care about you.'

How will your life be different once you get back home? What has happened in the last two days that will have an impact on you forever? It could be a big thing, a little thing, someone that you met, something you thought about in the stillness away from your family and your job. How will your life be different?

And on an even more personal level, do you feel more empowered? What was wonderful about this conference for me is that it felt like we could bring our whole selves to the table. There wasn't a part that wasn't good enough, or a part that wasn't welcome, or a part that wasn't understood. You know there was the power and the magic of not having to explain everything you're talking about. For example, when you say 'my woman, my women, going out to get our women'—they know

exactly what you're talking about, not only with their heads, but with their hearts.

For those of us who carry the energy for this kind of healing, being an outreach worker, working at the grassroots level, is as much a part of healing as being a physician. And, God knows, we don't do it for the money, or the recognition, or the status, but we do it and we continue to do it because it's a calling, and you feel if you don't do it, nobody else will do it. You feel like no one could possibly understand your women like you understand your women, that you have to be there to clear the way, not only to advocate.

Remember the story of Black Orpheus, who thought if he did not play his guitar, the sun wouldn't come up? Then he died and you think that the sun won't come up, but another little boy comes along and picks up the guitar and begins to play.

I would venture to say we are the heartbeat of the health care team because we have access to the most important person on the team—the person seeking services. Thank you all for being here and joining me in holding this energy of the possible, and for helping make the sun come up every morning."

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REACHING IN: HOW TO LEARN FROM RESEARCH AND EVALUATION

Outreach workers and programs are continually learning in order to sustain and improve the outreach services they provide. To do this, they need to be familiar with existing research and to have systems in place to collect data and evaluate their own programs. These efforts must focus on improving services and on demonstrating the effectiveness of outreach to partners and policymakers. The way to gain this knowledge is to reach into and study outreach programs and processes. This chapter discusses

- How to design responsive training curricula and home visiting activities based on needs assessments
- How to collect data and evaluate programs
- How computers facilitate services to clients: integrated data systems
- How research can benefit home visiting and outreach worker programs

Preceding each of these topics is a "Tips Sheet," a guide to the information contained in the subsequent section. It can be photocopied for use in day-to-day work or in training programs.

How to Design Responsive Training Curricula and Home Visiting Activities Based on Needs Assessments

TIPS FOR DESIGNING RESPONSIVE MATERIALS AND TRAINING

Learn from the learners

- Develop health education curricula and activities with an understanding of consumers' needs

Learn about beliefs, values, and practices

- Remember that beliefs and values are sometimes more important than knowledge in changing health practices

Apply consumers' lessons

- Use needs assessment findings to design materials, training, and education

Be aware that outreach workers assess needs every day

- Identify issues that may indicate a need to change an approach
- Assess the effectiveness of each health education encounter
- Verify the results

Know clients' needs, and package educational messages to meet those needs

- Meet clients' needs and build respect for outreach workers

Build on others' lessons

- Learn from other organizations' experience with needs assessment and health education
- Feed information back into the organization or outreach program
- Use lessons learned to make changes for the community

How to Design Responsive Training Curricula and Home Visiting Activities Based on Needs Assessments

"We in education are going from 'the sage on the stage to the guide on the side.'"

— Karen Konzelman, Children's Nutrition Research Center, U.S. Department of Agriculture, Houston, Texas

In developing health education curricula and activities, it is important to learn from consumers. If outreach workers' attitudes and materials are not responsive to the needs and concerns of their target audiences, they will be ineffective. To learn how best to deliver health messages and respond to health questions and beliefs, outreach workers first need to ask, observe, and listen.

Following are some examples of programs that have used focus groups, surveys, observations, and listening to assess health issues and concerns in order to develop quality materials. This information and research has been applied to outreach work to help make materials, health messages, and health activities work within the family context.

Learn from the learners: Nutrition education for teens

The Children's Nutrition Research Center, Agricultural Research Service, U.S. Department of Agriculture, pilot tested new nutrition curricula with groups of pregnant teens in four states: California, Indiana, Minnesota, and Tennessee. These groups helped provide an in-depth understanding of teens' health concerns and helped identify the types of health messages that are most effective with teens.

The teens in the study groups were concerned about

- The health of their babies—contrary to societal stereotypes, teens care a lot about their babies' health
- Weight gain and weight loss
- Labor and delivery—this is sometimes a good place to start, in order to reduce anxiety so teens can focus on other topics.
- Prenatal examinations—the teens were also anxious about the physical exams during prenatal visits.

- Information on making healthy food choices
- Interpreting conflicting information
- Parenting

The teens asked for health messages that

- Use video formats rather than print materials.
- Focus on the positive—what's good for the baby.
- Give specific information about how the baby is developing. Teens are tired of being "talked down to." They want information on specific developmental issues at various stages of pregnancy.
- Focus on real food rather than nutrients such as vitamins or minerals.
- Use hands-on activities (e.g., give teens models of real food and ask them to pick out what foods they should eat).
- Discuss rather than lecture—preaching doesn't work.
- Use peer counselors. When a teen speaks, other teens listen.
- Treat teens with respect.

Apply consumers' lessons

The revised maternal weight gain standards issued by The Institute of Medicine (1990) provide a practical application. The new guidelines increased the recommended range for weight gain during pregnancy from 20–24 pounds to 25–35 pounds. The teens in the study groups taught the researchers at the Children's Nutrition Research Center that the message made more sense if the teen mothers understood where the extra weight was going, so the center presented the information in specific terms (e.g., baby's weight: 7–8.5 lbs., amniotic fluid: 2 lbs., extra blood volume: 3.5 lbs., etc.).

Learn from the learners: Latin American immigrant women in the United States

A Maryland study recruited 52 Latina women living in Montgomery and Prince George's Counties, who had children ages 4 years and younger, in order to assess their beliefs, values, and behaviors regarding infant feeding and nutrition. Half of these women had no income, and only 23 percent had completed high school. The project, Un Bebé Saludable: Un Regalo Muy Especial, focused on how to communicate health messages to Latin American immigrant women living in the United States. The project developed, operated,

and evaluated a program using peer health educators (promotoras) to teach infant feeding practices to new mothers. They also developed and tested culturally appropriate educational materials on infant feeding.

Learn about beliefs, values, and practices

This group discussed beliefs, values, and practices concerning infant feeding, and the information gathered was illuminating.

- Most of the mothers chose to breastfeed their infant but also felt pressured to give the baby formula, because they believed it was healthier, based on baby's weight gain and on formula promotion by hospitals and WIC clinics.
- 31 percent said their own mother was their major source of information on infant feeding.
- 94 percent had breastfed their baby, for an average of six months, but 90 percent had also used the bottle at some time.
- 35 percent put their baby to bed with a propped bottle.
- 80 percent introduced solids before their baby was four months old, thinking that it would help in sleeping through the night.
- 80 percent thought a baby looked healthy when the baby was at normal weight, and 91 percent thought a baby looked "very healthy" when the baby was actually overweight.

Apply consumers' lessons

Knowledge gathered from the mothers in the study group helped in designing culturally appropriate materials, and in shaping the training curriculum and manual for the promotoras. The project also developed an education tool, a colorful calendar providing health messages for baby's first year.

Recognize that outreach workers assess needs every day

Outreach workers are well placed to learn from their clients and their community—to assess what they need to know, what they want to know, and what they know already. The process includes these steps:

- Identify the issues. Find out what people are seeing in the media; be alert to trends.
- Assess the situation. Are people getting health messages? Are they encountering resistance from their family? Are they getting mixed messages?
- Verify results. Be sure to get the full story.

Know clients' needs, and package educational messages to meet those needs

Outreach workers want respect. One of the ways to earn it is to have the best, most accurate materials available—and to deliver them appropriately. Don't underestimate the importance of content and packaging. By incorporating the needs and ideas of the clients, outreach workers and their messages will be more effective.

Build on others' lessons

Following are keys to developing a successful curriculum, based on the Children's Nutrition Research Center's observation, research, experience—and "hard knocks." Though each program and community differs, these general guidelines are appropriate for any health education materials.

- Focus on the positive
- Give practical information—tell people what they need to know
- Offer a variety of activities and keep it interesting
- Keep it simple—don't try to cover too many concepts in one visit

- Make messages as visual as possible (e.g., food models, food demonstrations)
- Be interactive and develop interactive materials
- Offer quality materials that show respect for the audience
- Use appropriate reading levels (according to standard literacy indices), white space, photos, and drawings
- Offer a user-friendly format (e.g., allow extra space at the margin for notes)
- Make materials as complete as possible

Outreach workers do not often think of themselves as researchers. Yet, outreach workers' knowledge and feedback are essential to developing and refining health education curricula.

TIPS FOR DATA COLLECTION AND PROGRAM EVALUATION

Tips for Data Collection

- Collect only the information you will use—anything more can be burdensome to staff.
- Make data easy to collect. Use checkboxes or a rating system (1 to 5).
- Make forms simple and easy to understand. Pilot test them with other colleagues, clients, or focus groups before finalizing them.
- Convince respondents to answer all the questions.
- Look at similar programs to determine what they are doing and how they are evaluated—don't reinvent the wheel.
- Set yourself up for success, not failure. Shape your goals as you collect your data.
- Decide what outcomes the program wants to achieve, then use those to shape the evaluation.
- Share evaluation information with the whole staff.
- Remain focused on your purpose or it's easy to become overwhelmed.

Tips for Program Evaluation

Make evaluation work for you, not against you—evaluation can help you

- Know whether a program is working
- Know whether the program is reaching those most in need
- Obtain funding
- Gain administrative support
- Encourage or motivate staff

Know what kind of evaluation you need

- Use formative evaluation to help formulate and reformulate the program design
- Use process evaluation to monitor program implementation
- Use outcome evaluation to measure long-term outcomes and effects

Know what questions to ask

- Be sure the questions are realistic and that the program's impact on these questions can be measured
- Use focus groups to help frame questions

Know what domains to measure: individual, family, community, and systems

Ensure quality data

- Flip the evaluation process by asking the community what the evaluation should be
- Develop a computerized system for each project
- Develop a system to manage all of the data
- Review the types of data being gathered, and revise, if necessary
- Share information about your system and experience

Include outreach workers as essential participants in the process of data collection and evaluation

- Make outreach workers a part of information gathering, evaluation development, program development, program validation, and consistent data collection

How to Collect Data and Evaluate Programs

Evaluation is a useful program tool. Programs need data to learn what works and what doesn't, and to teach these lessons to others. Evaluation helps outreach workers and program managers to better understand their programs.

Make evaluation work for you, not against you

"The E word strikes fear in the hearts of program managers."

— Nell Brownstein, Centers for Disease Control and Prevention, Atlanta, Georgia

Only about 10 percent of community health outreach programs have an evaluation component, but evaluation could be a vital part of every program. Programs can use evaluation to:

- Know whether a program is working
- Know whether the program is reaching those most in need
- Obtain funding
- Gain administrative support
- Encourage or motivate staff

Know what kind of evaluations are needed

Evaluations may be based on two kinds of data: qualitative (collected stories) and/or quantitative (collected numbers). There are three kinds of evaluations: formative, process, and outcome. Each has a different design, and a different purpose and method.

Formative evaluation

This type of evaluation helps formulate and reformulate the program across the short term. It works through a process of continuous feedback that follows these steps:

1. Ask a question that relates to the program goals (e.g., "Are women coming into our program by their third month of pregnancy?").
2. Collect data to answer the question (e.g., clients' pregnancy status at the time they enter the program).
3. Evaluate the data.
4. Go back to the question and compare the evaluation information to

the question. For example, if the data show that women are coming to the program mostly in their sixth month of pregnancy, look at the program implication. Does the question need to be revised (is it unreasonable)? Or does a program change need to be made and the question repeated?

Formative evaluation helps confirm what the program is doing, and shows what needs to change to meet the program goal. The audience for this type of evaluation is the organization itself and its funding sources.

Process evaluation

This type of evaluation helps monitor how the program is being implemented. It indicates whether the program is progressing as expected. For example, process evaluation could be used to verify whether a program is meeting its goal of seeing each client family weekly. The audience for this type of evaluation is the program itself or program monitor.

"The question is not just 'What are the effects?' but 'What difference does it make?'"

—Wells Willis, U.S. Department of Agriculture, Cooperative State Research Education and Extension Service (CSREES), Washington, DC

Outcome evaluation

This method looks at longer-term outcomes. It measures whether a program has achieved the expected effects. Both outcome and formative evaluation are important for program survivability. Outcome information is useful for showing program effects to policymakers, funders, researchers, and other organizations. It is especially helpful if cost savings and cost-effectiveness can be documented.

Know what questions to ask

In Milwaukee last year, there was an increase in the African-American infant mortality rate. But program managers are convinced that this increase does not mean that their programs are ineffective. This example underscores the challenges of evaluation:

- How to gather data that represent what's really going on.
- How to frame questions that take into account the client's viewpoint.
- How to formulate questions that measure strengths instead of weaknesses.

- How to use data to challenge a system that masks progress and prevents positive changes.

"Evaluation helps answer a question. The hard work is asking the right question."

— Richard Roberts, Early Intervention Research Institute, Logan, Utah

Some programs use focus groups to develop their evaluations and questions. These are useful to find out what the program should be doing and how to ask the questions. Programs may gather different focus groups—comprising staff, clients, or expert stakeholders—and compare them. This is a way to assure that the questions mean the same thing to clients and staff, and that the data being collecting are the data that match the stakeholders' interests.

Know what domains to measure

Regardless of the type of evaluation being undertaken, it may be useful to gather data on different levels, or domains. Each domain raises different questions:

DOMAIN	SAMPLE QUESTION	SAMPLE MEASURES
Individual level	"What effect are we having on the child?"	Birthweight, cognitive abilities, immunizations
Family level	"What effect are we having on maternal health, employment, living conditions, fathers' participation, and other issues?"	Infant mortality rates among clients, family income, housing rates among clients
Community level	"What effect are we having on the community?"	Employment, school completion rates
Systems level	"What effect are we having on the health care delivery systems?"	Numbers of women receiving early, late, or no prenatal care

Measuring systems change is important. Some systems change happens slowly, some happens relatively quickly. For example, the Community Integrated Service Systems (CISS) project in Salinas, California, found that migrant women weren't seeking prenatal care at the local hospital. The project investigated and found the problem: lack of bus transportation from the migrant camps to the hospital. The project was able to have the bus route changed so the women could get to the hospital—this is systems change.

Ensure quality data

Many programs are dissatisfied with the quality of their data. The Expanded Food and Nutrition Education Program (EFNEP), serving low-income families, young children, and youth, faced this issue after realizing that the data it was reporting to Congress were not valid—the numbers did not add up and the information being supplied was not responsive to congressional inquiries.

EFNEP, which is located in all 50 states (but not in every community) used several strategies to improve data collection and quality.

1. Flip the evaluation process around. Ask the community:
   - What data would help improve the program?
   - What evaluation is the community doing now?
   - Ask the personnel who collect the data to help develop the collection system.
2. Develop a computerized system for each project.
   - Design a menu to reflect the functions of the program.
   - Make it easy to use, with low computer literacy levels.
   - Test it carefully before distribution.
3. Develop a system to manage all the data.
   - Ensure that programs can keep track of data they collect for their own use as well as for reporting purposes.
   - Ensure that state and federal analysts can pull together data from all over the country according to various topics or indicators.
4. Review and revise the kind of data gathered through this process.
5. Share the system and experience. EFNEP's system is adaptable, can be modified for a variety of other programs, and will be offered in the future as an evaluation tool.

What kind of information does EFNEP get with good data collection?	What kind of outcomes can they measure by manipulating the data?
• Where are we reaching people, where are they geographically, in which congressional districts are they?	• What diets were like at entry and at graduation.
• Who are they? What are their demographic characteristics: age, race, education, income, family composition, etc.?	• How they have changed behaviors and practices by building resource management skills.
• How many and who are enrolled in federal food assistance programs?	• How many clients have shown improvement rather than met a specific goal.
• What is the percentage of families with children living at home?	• Where and how often do programs recruit youth participants.
• What is the percentage of pregnant and nursing women?	

Understand that outreach workers are essential to data collection and evaluation

Outreach workers play many roles in the evaluation process:

- Information gathering. Outreach workers are strategically placed to collect data for the program; they have contacts with clients, community members, and community resources that their colleagues and other health care professionals don't have.
- Consistent data collection. Outreach workers need to be involved in the reasons for data collection, or their data collection will be incomplete.
- Program development. If the information gathered through the evaluation shows a problem, the outreach workers frequently can help solve the problem because they know what works for their clients and the community.

- Program validation. The system shows outreach workers the value of data and evaluation because the data they enter produce reports that validate their work.
- Evaluation development. Outreach workers who are involved in the rationale for data collection are more invested and better prepared to collect the information.

How Computers Facilitate Services to Clients: Integrated Data Systems

TIPS FOR INTEGRATED DATA SYSTEMS

Realize that MIS (Management Information System) requires computers and people

Take advantage of the benefits of MIS

- Efficiency
- Manipulable data
- Quality assurance
- Confidentiality
- Improved data integrity
- Improved predictions

Integrate your data with other agencies' data

Use an MIS that meets your program needs

Use MIS to manage services as well as data

- Be aware that data entry is a challenge
- Find an advocate for the system
- Respect relationships
- Gather only what you need

Focus on the clients and their needs

How Computers Facilitate Services to Clients: Integrated Data Systems

"MIS is a double-edged sword. It has tremendous benefits, but if you aren't well prepared, it can suck up resources without much return."

—Roy Clay, Great Expectations/New Orleans Healthy Start, New Orleans, Louisiana

Great Expectations/New Orleans Healthy Start had a crash course in data systems. There was some difficulty getting the Management Information System (MIS) off the ground, thus providing the opportunity to learn many lessons.

Realize that MIS requires both computers and people

The term MIS means the system—computers and people. The computers are meant to support the people. It's important to hire people with that mindset. The most critical MIS person is the team leader. Look for the same qualities as in other employees. MIS staff don't need computer skills only, they need strong moral character and excellent interpersonal skills. On resumes, look for experience in systems analysis and systems development (not maintenance).

Take advantage of the benefits of MIS

- Efficiency. All public health projects collect mountains of data. The data are useless if not easy to access. When making decisions, have the data readily available, without going back to the source (the outreach worker).
- Access to data analysis. MIS can present diverse aspects of the data, depending on the needs of the different outreach programs. At times, it's important to know how many clients have been served; at other times, how many services have been provided to each client. If looking at data solely in terms of the number of clients served, it may appear that one outreach worker is doing more than another; but the data also reveal that some clients are more time-consuming than others. Differing aspects of data can be tracked and presented as needed.
- Quality assurance. MIS can help provide information on outcomes. The data system should be focused on getting the key evaluation questions answered.

- Confidentiality. Computers can actually improve the security of the system. MIS creates an audit trail and records who has had access to the file. (This can't be done with paper.)
- Improved data integrity. MIS enables managers to have more confidence in their data. There are more checks and balances and they are easier to perform than with paper.
- Improved predictions. If the system is set up properly, it's possible to ask "what if" questions, and MIS can help better manage the projects.

Integrate outreach program data with other agencies' data

"I don't care where you are, someone has some information on a computer."

— Roy Clay, Great Expectations/New Orleans Healthy Start, New Orleans, Louisiana

Available data will be valuable to the outreach program—it's not necessary to collect all data personally. Some of the available data might include vital statistics records, hospital records, or other health-related data. Some states are looking at integrating data into health networks, as are some local areas. The advantages of integration are many: referral, tracking and monitoring, and feedback; appointment scheduling; patient tracking; decreased problems with redundant or conflicting information. Networks can give a complete picture of the program's clients.

In putting together a system, realize that there is a choice—to hire someone to design the system, or to purchase it. Look around to see what's available. Many systems already out there are probably very close to meeting the program's needs; look for a system that can be modified to meet those needs. Build on what others have done; this helps stretch resources.

Use MIS to meet the program's needs

Don't get dazzled by glitz. Look at current needs, and determine what can be put off. Keep long-term support of the system in mind. System maintenance is almost as costly as system development. Keep it simple. Use a personal identification number, not a retinal scanner.

Most public health programs don't have all the funding up front, so phase in the system. Identify the first piece of the overall plan. Build the system using a modular approach. This can still provide a very sophisticated system.

Use MIS to manage services as well as data

MIS can be used to track clients and services. One powerful example is the Standardized Patient Record Summary (SURPRISE), piloted among migrant farm workers in the DelMarVa (Delaware, Maryland and Virginia) region. In the United States, 2.5 million people migrate for their livelihood. Typically, they do not carry their records, so it is difficult to track their health histories.

To pilot-test the system, selected patients were given a portable health record. SURPRISE also includes a system to share information among health centers using fax machines. Computers were not all compatible, but fax machines were readily available.

Solve the data entry challenge

One of the biggest challenges is data entry. Clinicians and outreach workers do not need to use their time to enter data.

Find an advocate for the system

Find a clinical champion—someone inside the system who is convinced that automation will be valuable and who will convince others.

Respect relationships

SURPRISE was originally intended for use with laptops. After discussion with the nurses and outreach workers, the developers believed on-site recording could be disruptive to client relationships. Laptops can also be a crime magnet. Outreach workers fill out standard forms instead.

Gather only what is needed

There is a tendency to want to enter nonessential information. Recruit someone who can help design the system so that it yields the most return for the investment in equipment and data entry time.

Remember that the focus should be on the clients and their needs

"The use of computers allows us to give our input to our programs about how things should go. If we are giving them the information they need, they are more likely to make decisions that are sensible. We need to stay up to speed with technology."

— Outreach Worker

How Research Can Benefit Home Visiting and Outreach Worker Programs

TIPS ON INCORPORATING RESEARCH INTO COMMUNITY OUTREACH PROGRAMS

Know what research studies say about the impact of home visiting

- Be aware that research shows that home visiting can lead to healthier pregnancies, better nutrition, more breastfeeding, safer home environments, and better economic conditions.
- Recognize that research also shows that home visiting cannot "do it all."

Demonstrate costs and payoffs

- Compare program costs to the costs of government services, such as Medicaid, AFDC, food stamps, and family preservation and support.
- Examine increased income tax or tax credits generated when a client joins the work force.

Remember that each home visiting intervention is unique

How Research Can Benefit Home Visiting and Outreach Worker Programs

"It's awesome the impact you can have on these parents' lives."

— Arlinda Jackson-Brown, Prevention Research Center for Family and Child Health, Denver, Colorado

Home visiting is a strategy being continually rediscovered by many types of specialists, including child development specialists, social service researchers, and cost/benefit analysts. In recent years, there has been a widespread commitment to early intervention for at-risk families, together with much optimism that home visiting can make a difference.

Home visitors and their clients tell many stories to describe the positive impact of home visiting on families. Words, however powerful and persuasive, need to be backed up by numbers (data) if they are going to educate decision makers, influence policy, and attract money and other resources to home visiting programs. Recent research initiatives have tried to capture the impact of home visiting in a way that can be measured—and proven—scientifically.

Know what research studies say about the impact of home visiting

Overall, research findings analyzing outcomes of home visiting programs suggest cautious optimism. On one hand, there is real evidence that home visiting can change lives. Results include improvements such as healthier pregnancies, better nutrition, increased rates of breastfeeding, safer home environments, and even improved economic conditions. On the other hand, the research also shows what outreach workers know already—that home visiting cannot do it all. It cannot make up for all the problems that clients encounter each day, especially if home visitation begins after the client is already pregnant. It may be too late to change some of the factors that influence the mother's health, life situation, and birth outcomes. This review of the literature can be found in several recent articles. (See Black M et al. A randomized clinical trial of home intervention for children with failure to thrive. *Pediatrics* 95(6):807–814; and Black M et al. Parenting and early development among children of drug-abusing women: Effects of home intervention. *Pediatrics* 94(4):440–442.)

Be aware of programs that are measuring the effects of home visiting

Researchers have conducted three randomized trials of home visiting, in Elmira, New York; Memphis, Tennessee; and Denver, Colorado. (See Olds D, Kitzman H, Cole R, Robinson T. Theoretical foundations of a program of home visitation for pregnant women and parents of young children [in press]. For copies, contact: David Olds, Prevention Research Center for Family and Child Health, University of Colorado Health Sciences Center, 303 17th Avenue, Suite 200, Denver CO 80203).

In Elmira, for example, the Prenatal and Early Infant Project offered comprehensive services provided by nurse home visitors to women who were pregnant for the first time and living in a mostly rural setting. The research study included clients who had used their home visiting services at some point during a four-year period.

For women with children ages birth to two years, program effects included:

- Better diet during pregnancy
- Decreased smoking rates (down by 25 percent)
- Fewer preterm deliveries (down by 75 percent)
- Decreased child abuse and neglect (down by 80 percent)
- Fewer emergency room visits (down by 56 percent)

For women with children ages two to five years, program effects included:

- Fewer visits to physicians for child injuries (down by 42 percent)
- Fewer visits to physicians for social problems (down by 45 percent)
- Fewer visits to the emergency room (down by 35 percent)
- Increased number of clients employed (up by 34 percent) and decreased number using AFDC and Food Stamp program assistance

The Memphis New Mothers' Program sent nurse home visitors into the community during the peak of a nursing shortage in Memphis. The home visitors recruited clients and delivered nursing services in the clients' homes.

This program was able to show effects on clients' lives similar to those of the New York study. The program's evaluation report demonstrated:

- Less smoking during pregnancy (down 26 percent)
- Less alcohol consumption during pregnancy (down 46 percent)
- Less pregnancy-induced hypertension (down 24 percent)
- Increased rates of breastfeeding (up 62 percent)

- Fewer second pregnancies (down 23 percent)
- Decreased AFDC enrollment (down 29 percent)
- Greater household income (up 20 percent)

The results from these studies clearly demonstrate that home visiting programs impact lives. However, some questions remain unanswered.

- What are the long-term effects of home visiting on the health and development of the child and family?
- What are the effects of shorter-term home visiting interventions?
- How can the effects of one intervention such as home visiting be separated from other influencing factors (e.g., other services, changes in unemployment rates, Medicaid coverage, or community demographics)?
- What accounts for the fact that, in Memphis, despite many improvements in maternal and child health associated with the home visiting program, there was no effect on infant mortality or low birthweight rates? Was the intervention too late? Too little?

Demonstrate costs and payoffs

The ability to show cost savings connected with program interventions is a powerful tool for home visitors and their programs. To measure costs and benefits, researchers often compare program costs to the costs of government services for Medicaid, AFDC, food stamps, and family preservation and support. They also look at the increased income taxes or tax credits generated when clients enter the workforce. The final calculation may show that the program saved more money per client than it cost.

Remember that each home visiting intervention is unique

"There are certain aspects to home visiting—if you haven't done home visiting, you won't understand."

— Maureen Black, University of Maryland, Baltimore, Maryland.

Home visiting is an individualized intervention. It is also a two-sided mirror that reflects aspects of the home visitor's life as well as aspects of the client. Home visitors need to develop knowledge and insight about their own lives in order to take on the lives of 25 or 30 other families each week. To be effective, much of the home visiting intervention involves establishing and keeping trust with clients, and this process differs with each client.

BALTIMORE HEALTHY START

CONCLUSION: MODEL PROGRAMS

The United States has an average infant mortality rate worse than 21 other countries in the world as of 1992. The national rates of timely and adequate prenatal care also compare poorly to those of other industrialized countries—especially among minority women. In some of our communities, infants die at rates that are more than twice the national average. Responding to this national crisis requires innovation and change, especially in high-risk, underserved communities. Three model programs—Valley Health Center, Inc., (Somerton, Arizona), Pittsburgh Healthy Start (Pittsburgh, Pennsylvania), and Baltimore City Healthy Start (Baltimore, Maryland)—emphasize the critical role that perinatal outreach workers play in carrying out an effective community-based strategy to reduce infant mortality and improve family health.

Valley Health Center, Inc. (VHC), established in 1972, was originally intended to serve migrant and seasonal farmworkers. During the past 24 years, however, VHC has expanded to provide primary health care for persons of all economic levels. VHC provides family planning services, prenatal care, WIC services, and other medical and health services.

The federal Healthy Start Initiative is a national demonstration program started in 1991. Its purpose is to reduce infant mortality in 22 urban and rural communities with some of the highest infant mortality rates in the nation, including Pittsburgh and Baltimore.

Unique features of Healthy Start include:

- A community-driven approach that relies on local leadership and widespread collaboration to integrate the vast array of services needed

to respond to the broad deprivations that adversely impact community health.

- A holistic strategy that recognizes that infant mortality, especially in communities where this problem is particularly pernicious, must be addressed within the broader family, community, social, and economic contexts.
- An emphasis on innovative approaches to developing coordinated, comprehensive, culturally competent models of health and other support services.

In the text that follows, Valley Health Center and the Pittsburgh and Baltimore City Health Start projects identify some of the innovative program components as well as some of their lessons learned.

Reaching Out: Improving Service

Reach out creatively

Innovative and intensive outreach efforts are at the core of all three of these model programs. Located in Yuma County, Arizona, Valley Health Center serves a vast area with very poor access to services and a rampant problem of inadequate health care among pregnant women. Through a partnership with the March of Dimes and additional corporate sponsorship, the program purchased and operates a mobile clinic, the MomMobile. Each day, the project coordinator travels 130–150 miles (often on dirt roads) to reach rural women and teens who need services. She receives help from local residents and churches to locate or reach potential clients. Local schools also offer space in their library or gymnasium to set up a health service clinic.

Pittsburgh Healthy Start sponsors a wide range of creative outreach efforts to recruit clients and promote participation in a variety of health education, supervision, and personal development activities. The project sponsors community baby showers, laundromat days during which clients receive laundry money in exchange for participating in Healthy Start presentations, and overnight retreats during which clients spend a weekend outside the city supporting each other and discussing topics such as self-esteem, parenting, and other life issues. The project's Passport to Health program offers participants the opportunity to receive gift certificates in exchange for passport stamps accumulated by participating in mental, physical, economic, and community health activities. The program also promotes outreach through peer support programs targeting special groups including adolescent females, male partners, and persons with mental health needs.

The intensity of door-to-door and other outreach efforts by Baltimore City Healthy Start's neighborhood health advocates enables these outreach workers to bring in 80–90 percent of all pregnant and postpartum women in their target areas (according to census and live birth records). This is a remarkably high percentage in areas where clients are very hard to reach. Thirty-five percent of the program's clients are alcohol and other drug users according to self-report (suggesting that the actual number is higher). Substance-using pregnant women are among those least likely to seek health and other services or to admit that they use illicit substances, for fear they will be jailed, lose their children, or suffer other punitive actions.

Historically, perinatal programs have been able to recruit no more than 50 percent of the target population in high-risk areas, often missing those most at risk and hardest to reach. As a result, researchers have never been able to obtain complete results or reach definitive conclusions about the causes and prevention of infant mortality. Thus, outreach programs that are able to reach large proportions of their target population and gather data concerning their clients can make a great contribution to the body of knowledge surrounding reduction of infant mortality and promotion of positive change within their communities.

Use multidisciplinary teams

At the center of many of Pittsburgh Healthy Start's innovative outreach activities is a set of Core Teams composed of outreach workers (recruited from the community), social workers, primary care nurses, and mental health workers. The teams canvass the target area neighborhoods not only to recruit program participants, but also to make connections with neighborhood residents, businesses, churches, and organizations so that those groups provide input and become invested in the program. The teams are also trained to address the full range of prenatal and postpartum needs, including access to a broad range of personal and social services.

Target male involvement

Innovative programs increasingly recognize that programs that include or specifically target men can profoundly affect families, their health, and their communities. In both the Baltimore City and Pittsburgh Healthy Start target areas, female single parenthood prevails. However, these programs emphasize that, for every child in their communities, there is a father who may be forgotten or uninvolved with the mother and child. To foster positive involvement and attachments between the fathers and their children, and to

encourage greater financial and emotional commitment to their families, both the Baltimore City and Pittsburgh Healthy Start projects have initiated special male involvement programs. These include outreach and support activities, as well as opportunities for fathers to interact with their children in nonjudgmental situations.

Unlike the family situations in Baltimore City and Pittsburgh, most of the Valley Health Center's clients in Arizona are married and living in two-parent households. They are generally part of a strong traditional family support network. Sometimes, however, tradition and the husbands' attitudes present a barrier to care for pregnant women. Some husbands will not allow their wives access to prenatal and other health services, particularly if the health care provider is male. At times, the husband may feel threatened and respond with threats of his own. To overcome this barrier, the Valley Health Center's outreach workers begin by trying to meet with the entire family (including the husband) in the home. One of the primary goals is to engage the husbands in a nonthreatening way and in their own environment. This method helps to build trust with the husbands and to promote outreach efforts with the entire family.

Reaching Up: Mentoring Outreach Workers

Rely on the community and its members

Baltimore City Healthy Start's outreach initiatives are rooted in the belief that to do extensive outreach and home visiting in poor inner-city communities, it's essential to rely on the community itself. The program hires individuals from the communities targeted by the project to serve as neighborhood health advocates (NHAs). Although their formal educational and professional experiences may be limited, they have a deep commitment to and detailed knowledge of their neighborhoods, which makes them very valuable outreach workers. Working in teams of seven to nine individuals, the NHAs go from door-to-door in the community recruiting pregnant women and women with infants under the age of six months. This recruitment effort is so intensive that the teams visit every block of the targeted service areas (each of which includes about 20,000 people) every six to eight weeks.

Once they have made contact with their clients, the NHAs begin by meeting emergency needs (housing, food, utilities, etc.). Their second priority is to get the client into prenatal care or her infant into pediatric care. The NHAs then work with a case manager and other service professionals to develop a care plan for each client—a plan that addresses the needs identified by the

client and staff. The NHAs follow their clients for three years, in collaboration with other program staff, and modify the care plan as needed over time.

Reaching Across: Building Partnerships

Establish an independent, nonprofit organization

Many of the key features of the innovative strategies in both the Pittsburgh and Baltimore City Healthy Start projects would have been impossible to accomplish within a government organization. Public health departments and other government agencies are subject to strict rules regarding many activities such as procurements, contracts with other providers, and qualifications and procedures for hiring staff. By forming an independent, 501(c)3 nonprofit organization, each program has avoided many bureaucratic hurdles, and freed themselves to build partnerships. For example, Baltimore City Healthy Start has been able to hire local residents who, while essential for providing community outreach, may not have met the civil service requirements for government employment. Pittsburgh Healthy Start relies heavily on its ability to maximize local resources by contracting services to local organizations—which they could not do if they had to work through the county government's contracting mechanisms.

Involve the community from the outset, and throughout the life of the programs

This theme—at the heart of the Healthy Start Initiative—resonates throughout all three of the model programs, and throughout many of their innovative strategies. To integrate the vast array of services needed to respond to the complex problems adversely affecting community health, long-term community involvement and widespread collaboration are critical. The Healthy Start projects rely on consortia composed of community members, leaders, and organizations to guide the design and implementation of their services. Pittsburgh Healthy Start, for example, has six separate community consortia for each of its six target communities. Each local consortium assesses local needs and resources and sets program priorities. Now well established, the local consortia also take on a variety of networking and advocacy roles.

The Valley Health Center in Arizona serves a vast desert area. Services are so sparse in the region that each program matters. The project coordinator maintains personal contact with every single program, sometimes acting as a human link between services for underserved mothers, children, and families.

Similarly, the outreach elements that make up the Baltimore City and Pittsburgh Healthy Start programs focus significant effort on community involvement and linkages.

Partner with local resources

In any community, programs need to communicate and cooperate to maximize their resources and avoid duplication of efforts. This is especially crucial in underserved areas where resources and opportunities are few and fragmented. All three of the model programs highlighted here emphasize the importance of building on existing resources and collaborating with every possible local partner (e.g., public health departments, private providers, hospitals, schools, community health centers, churches, and other service organizations).

Baltimore City Healthy Start, for example, formed a partnership with Project Independence, a Local Department of Labor/Job Partnership Training Act program to help finance the outreach workers' salaries and to prevent outreach workers from losing AFDC or Medicaid coverage while employed by the project.

Reaching In: Learning from Research and Evaluation

Have clear goals and objectives

To be effective, outreach programs need to determine clear goals and objectives, then monitor them regularly. Otherwise, programs cannot judge the fit between their activities and objectives—making it impossible to adjust and make corrections over time. Furthermore, because outreach is not an end in itself, but, rather, a means to an end, any program activity such as outreach can only be as good as the program's goals and objectives. In the Baltimore City Healthy Start project, each of the two neighborhood health centers sets its own goals and objectives (e.g., how many women will be recruited each month) and holds weekly meetings to monitor and readjust those goals and activities.

Use management information systems (MIS)

The Baltimore City and Pittsburgh Healthy Start programs, as part of their structure and funding, have set up sophisticated systems for recording, tracking, and analyzing client and program data. They are thus able to use MIS as an operational tool to track clients, assess their activities, and monitor

the fit between the program's activities and its goals and objectives. This agency-based, locally targeted MIS represents one of the important legacies of the Healthy Start Initiative.

With their innovative strategies, these three model programs have met many objectives in increasing access to services, reducing infant mortality rates, and integrating resources and services to improve the health of their communities. They have demonstrated that when a community can redesign its health and social service systems, both the community and its systems are transformed.

❦ ❦ ❦

The lessons learned from these three model programs only serve to reinforce one of their guiding principles—that, in order to reduce infant mortality risks, programs cannot focus on prenatal care alone. As with many other health conditions, the health risks that affect infant mortality are complex. This is particularly true in high-risk communities. Programs and services are bound to fall far short if they do not address the entire health, social, and economic reality in which high-risk families are living. Much of the focus of these programs and their outreach and case management efforts is to integrate services and resources to approach the health needs of women, infants,

and families holistically. Further, as programs increasingly see the link between economic conditions and health conditions, they are integrating job training, education, and employment opportunities with their other service components.

These model programs offer another lesson: Outreach worker programs, though they cannot be the answer to everything, are essential and do represent the wave of the future. Hopefully, the lessons learned from these successful outreach strategies, as well as those presented in this book, can be shared and replicated in communities throughout the country.

This book is part of the effort to realize that vision. Its lessons offer suggestions and strategies for outreach workers, programs, and communities to use. Although each outreach worker, each program, and each community will need to adapt these lessons, this book forms a solid basis on which to build toward improved health through community outreach.

Appendix A: Speakers List

Sessions Incorporated into Chapter 1

Assessment of outreach programs across the country, range of services provided, and current issues facing problems

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Bright smiles, bright futures: Train the trainers oral health workshop

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Fathers: How would they like to be involved?/exploring system barriers to increased male involvement

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How clients benefit from social contact with perinatal outreach workers

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Sessions Incorporated into Chapter 2

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Appendix B: Resources for Fundraising and Sustainability

The Foundation Center
1001 Connecticut Ave. NW
Washington, DC 20036
(800) 424-9836 or (202) 331-1400

The Foundation Center is the only nonprofit organization whose sole purpose is to provide information on private, philanthropic giving. The Foundation Center has five libraries (Atlanta, Cleveland, New York, San Francisco, and Washington, DC) that provide a basic orientation in researching information on foundations, although staff do not make any recommendations about approaching funders. The center collects tax returns on private foundations, because most foundations do not disseminate annual reports.

The Foundation Center also provides a research reference service for a fee, and has its own home page on the World Wide Web. The Washington office can provide an electronic orientation as well as an orientation via print materials. The center also offers opportunities to meet the grantmakers, and sponsors workshops on proposal writing. Basic services are available free of charge, and anyone is welcome to come and research information. The Foundation Center is also linked to a nationwide network with resources in many other cities.

Support Center of Washington
2001 O Street, NW
Washington, DC 20036
(202) 833-0300

This nonprofit center was created to improve the effectiveness of nonprofit organizations. The center offers training for hands-on subjects as well as strategic planning, and organizes 200 workshops per year on topics such as financial management, board development, fundraising, management and governance, team building, conflict resolution, and proposal writing. (The two-day proposal workshop helps participants actually produce a proposal.)

The Support Center services are inexpensive to encourage access. The center provides support nationwide, and will provide on-site assistance to organizations across the country.

The Support Center also has a new program, Board Builders, to help organizations plan and recruit board members. In addition, the Board Bank, funded by AT&T, trains upper management to serve as board members, then matches the trainees with local grassroots organizations. To date, the program has placed 55 managers on 32 boards. The Board Bank also assists organizations in building infrastructure.

National Society of Fundraising Executives
1101 King Street, Suite 700
Alexandria, VA 22314-2967
(703) 684-0410 or (800) 688-FIND (resource center), (800) 666-FUND (general information); fax (703) 684-0540

The National Society of Fundraising Executives (NSFE) is a not-for-profit member organization dedicated to advancing philanthropy through education and training, a code of ethical principles, and standards of professional practice. NSFE has 138 local chapters that hold regular meetings, educational programs, and events on fundraising and resource development. The national office maintains a Fundraising Resource Center, open to both members and nonmembers. It maintains a large collection of reference materials on all aspects of fundraising (small scale to large scale). NSFE maintains audiotapes, available on-site or on loan, of workshops and conferences sponsored by its national and local chapters. Reference staff are available daily in person or via telephone. They respond to questions by phone or supply packets of materials for a nominal service charge. Staff are also linked to the ORCA database, a computerized listing of information on over 13,000 foundations nationwide, and conduct searches for a nominal fee.

MCHB

Maternal and Child Health Bureau

NCE MCH

National Center for Education in Maternal and Child Health

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